

Service Coordination Effective Practice Guidelines

Nevada



Includes:

- Developing Relationships with Families
- Intake/Referral
- Referral to Community Resources
- Financial Resources for Families
- Documentation
- Billing and Reimbursement Considerations

Module 4

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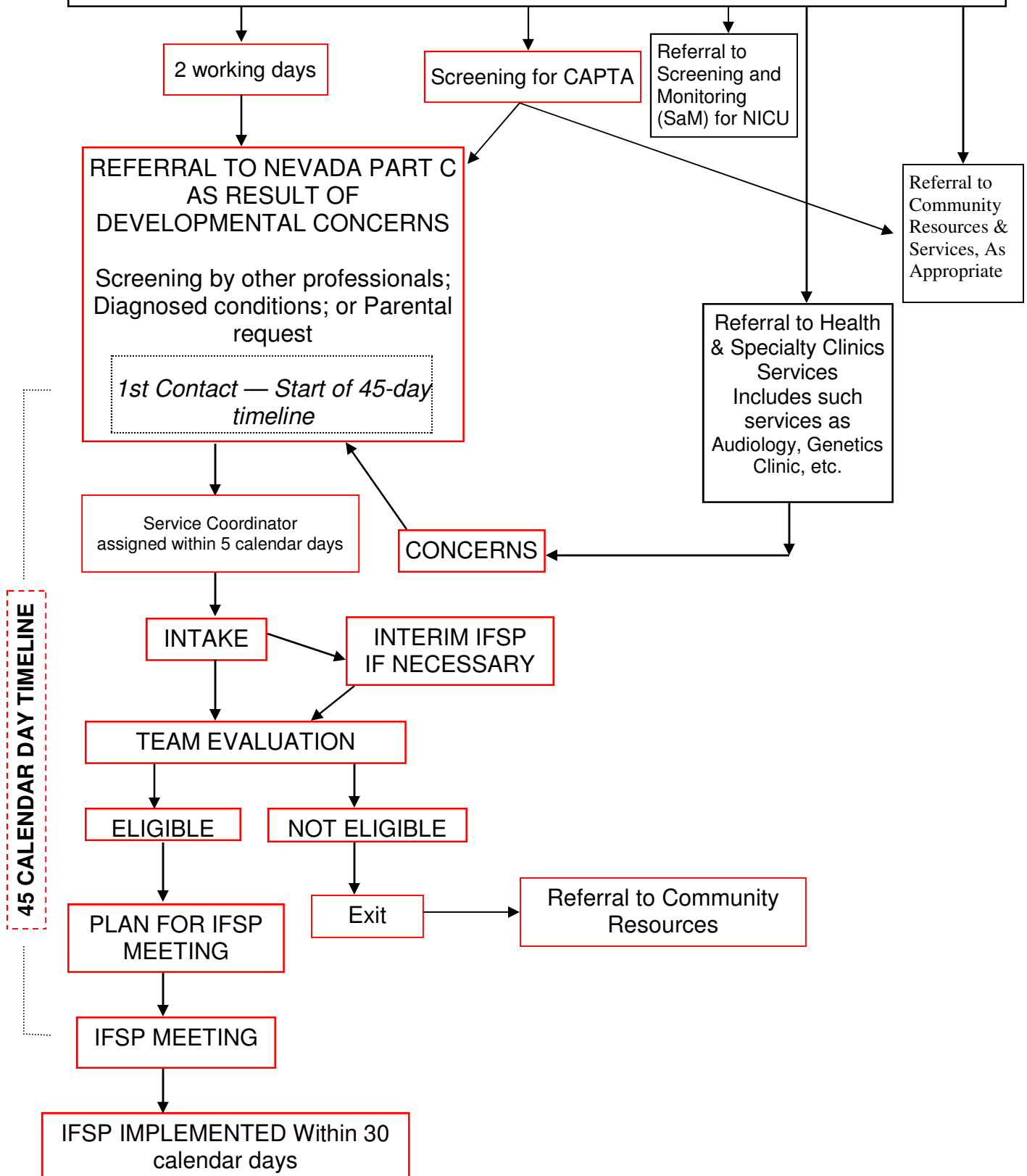
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Table of Contents

Nevada Universal Intake Activities	4
Introduction	5
Service Coordination Requirements	6
Qualifications of a Service Coordinator	7
Service Coordinator Competencies	8
Level of Contact	9
Service Coordinator Roles	9
Service Coordinator Responsibilities	
Prior to the Initial IFSP Meeting	10-12
Non-English Speaking Families	12
Mandated Reporters	13
Surrogate Parent	13-15
Evaluation and Assessment	15-17
Child Outcome Summary Form	17-18
Preparing and Planning with the Family for the IFSP Meeting	18-19
During the IFSP	19-21
Implementing the IFSP	21-22
Reviewing the IFSP	22
6 Month Review	22
Annual Review	23
Declining Early Intervention Services	23-24
Initiating and Coordinating Transition Planning	24
Change in Service Coordinator from Program or Parental Request	24
Transfer of Children from One Early Intervention Region to Another	24-26
Lack of Family Engagement	26-27
Home Visiting Safety Checklist	27-28
Appendix	29
Appendix A	Targeted Case Management
Appendix B	DAP
Appendix C	SOAP
Appendix D	Writing Case Notes Tips
Appendix E	Prior Written Notice
Appendix F	Providing Services and Supports
Appendix G	Talking Points
Appendix H	FERPA
Appendix I	Procedural Safeguards Technical Assistance
Appendix J	Family Resources
Appendix K	Katie Beckett, Medicaid, Nevada Check Up, SSI
Appendix L	Surrogate Parent Appointment Decision Tree
Appendix M	Sample Surrogate Parent Appointment Letter
Appendix N	Sample Surrogate Parent Appointment Termination Letter
Appendix O	Present Levels of Development, Evaluation Summary Report
Appendix P	COSF Form Example
Appendix Q	Early Childhood Outcome Reporting Guidelines for Parents
Appendix R	IFSP Agreement
Appendix S	Coding TRAC Exceptions
Appendix T	Declining Services Form
Appendix U	Region to Region Transfer Form
Appendix V	New Region Welcome Letter

NEVADA UNIVERSAL INTAKE ACTIVITIES

Activities conducted to identify children who are in need of screening, further evaluation, or follow-along services. The Universal Intake phone call does not start the Part C timeline unless the phone call clearly indicates Part C.



Introduction

Part C of the Individuals with Disabilities Education Act (IDEA) requires that every child in early intervention services be assigned a service coordinator. Service coordination is mandated for every child, which highlights the importance of this function.

Families beginning their early intervention journey need one primary person as a point of contact who can guide them through this process. The intent of service coordination is to begin with families where they are and guide them to a place of greater confidence and independence. By the time their child transitions from NEIS services, the family should feel comfortable in carrying out service coordination-like activities on behalf of their child in the future.

The service coordinator has a role of great responsibility, which is equally as important as the role of service provider. The service coordinator must ensure that the family develops an understanding of the early intervention system under IDEA and all of the components, the family's role, and how to ensure that the family is an equal partner in decision making. To ensure this, the service coordinator must assist the family in fully understanding what is happening at each juncture, why, and what is impacting the child and family.

In addition, the service coordinator is responsible to ensure that the child and family are receiving all of the services and supports needed to meet their unique needs. This requires coordination within the early intervention program, as well as knowledge of other community services and resources.

When you see this box look for information that is especially helpful for Service Coordinators



Hints
for
TRAC

When you see this box look for data collection tips.

Service Coordination Requirements

34 CFR Part 303.23

Service coordination (case management).

(a) General.

- (1) As used in this part, except in Sec. 303.12(d)(11), service coordination means the activities carried out by a service coordinator to assist and enable a child eligible under this part and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state's early intervention program.
- (2) Each child eligible under this part and the child's family must be provided with one service coordinator who is responsible for--
 - (i) Coordinating all services across agency lines; and
 - (ii) Serving as the single point of contact in helping parents to obtain the services and assistance they need.
- (3) Service coordination is an active, ongoing process that involves--
 - (i) Assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;
 - (ii) Coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
 - (iii) Facilitating the timely delivery of available services; and
 - (iv) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

(b) Specific service coordination activities. Service coordination activities include--

- (1) Coordinating the performance of evaluations and assessments;
- (2) Facilitating and participating in the development, review, and evaluation of individualized family service plans;
- (3) Assisting families in identifying available service providers;
- (4) Coordinating and monitoring the delivery of available services;
- (5) Informing families of the availability of advocacy services;
- (6) Coordinating with medical and health providers; and
- (7) Facilitating the development of a transition plan to preschool services, if appropriate.



**Don't
forget to
update
TRAC.**

**A Service
Coordinator
must be
assigned
within 5
calendar
days of
referral.**

(c) Employment and assignment of service coordinators.

- (1) Service coordinators may be employed or assigned in any way that is permitted under state law, so long as it is consistent with the requirements of this part.
- (2) A state's policies and procedures for implementing the statewide system of early intervention services must be designed and implemented to ensure that service coordinators are able to effectively carry out on an interagency basis the functions and services listed under paragraphs (a) and (b) of this section.

(d) Qualifications of service coordinators. Service coordinators must be persons who, consistent with Sec. 303.344(g), have demonstrated knowledge and understanding about--

- (1) Infants and toddlers who are eligible under this part;
- (2) Part C of the Act and the regulations in this part; and
- (3) The nature and scope of services available under the state's early intervention program, the system of payments for services in the state, and other pertinent information.

Note 1: If states have existing service coordination systems, the states may use or adapt those systems, so long as they are consistent with the requirements of this part.

Note 2: The legislative history of the 1991 amendments to the Act indicates that the use of the term "service coordination" was not intended to affect the authority to seek reimbursement for services provided under Medicaid or any other legislation that makes reference to "case management" services. See H.R. Rep. No. 198, 102d Cong., 1st Sess. 12 (1991); S. Rep. No. 84, 102d Cong., 1st Sess. 20 (1991). [58 FR 40959, July 30, 1993.]

The Service Coordinator is the family's primary point of contact for Early Intervention Services.

Qualifications of Service Coordinators

- A. An individual providing service coordination for the early intervention program should be experienced in working with families and children and be familiar with community services. Social workers, nurses, and early childhood special educators generally receive extensive training in basic service coordination through college preparation.
- B. Individuals providing service coordination in the early intervention program must have the following educational qualifications:
 1. Four-year degree in a human service field such as social work, education, psychology, nursing or a related field.
 2. The Nevada Department of Health and Human Services requires that each discipline meet the highest professional entry level requirements of the state for their individual discipline. This includes the highest entry level academic degree needed for any state approved or recognized certification, licensing, registration, or other comparable requirements that apply to that profession or discipline. (These qualifications can also apply to Public Service Interns (PSI) or program assistants with a related degree).

However, the role of the PSI is to assist the professional with interventions and service coordination activities. PSI's cannot be assigned as the family's service coordinator.

- C. Service Coordinator's must meet the requirements under the guidelines of Medicaid Targeted Case Management (see appendix A)

Service Coordinator Competencies

In addition to the educational and work experience qualifications, service coordinators will need a variety of competencies in order to carry out their roles. Service coordination in early intervention requires a knowledge base relevant to both the population, the service system, and the skills to promote partnerships with family members and other professionals.

Individuals who provide service coordination come with a variety of university, vocational, and practical experience with service coordination. Competencies that effective service coordinators must possess include:

- A. A family-centered philosophy and approach which includes:
1. Valuing the family's perspective on their child,
 2. Encouraging other professionals to share this commitment to a family-centered approach to service provision,
 3. Recognizing the expertise that parents have regarding their children, and
 4. Understanding family dynamics and family systems and an understanding of the implications of children's disabilities for their families.
- B. Interpersonal skills that reflect:
1. Respect for and appreciation of cultural and ethnic diversity,
 2. The ability to be non-judgmental,
 3. Respect for and collaboration with co-workers, and
 4. Respect for the family's values and references.
- C. Knowledge of typical and atypical development of infants and toddlers and how a disability may impact their development:
1. Understanding the functioning of infants and toddlers who have disabilities or developmental delays,
 2. Understanding how to modify activities for all young children,
 3. Understanding the sequence of development in order to work on next steps,
 4. Seeking information and understanding on specific disabilities of children on caseload, and
 5. Consulting with team members such as OT, PT, SLP, etc.,
 6. Utilizing various curricula's for early intervention strategies (i.e., HELP, Carolina, etc).
- D. Service coordinators need to demonstrate skills in:

1. Coordinating the involvement of a variety of professionals,
2. Completing and maintaining accurate and thorough documentation through progress notes, using DAP or SOAP (See Appendix B, C & D),
3. Coordinating and ensuring that services are provided,
4. Facilitating collaboration among professionals from different disciplines,
5. Recognizing and overcoming barriers to effective service provision, negotiating and advocating for children and families,
6. Understanding of state and federal Part C legislation and regulations, and early intervention program guidelines,
7. Understanding the local service network and community services,
8. Understanding eligibility requirements and the system of payment for early intervention services.

Each child and family referred to Early Intervention Services is assigned a service coordinator who assists the family in facilitating and coordinating services through all phases of the service delivery system. The service coordinator is the family's primary point of contact for early intervention services. Service coordinators facilitate the planning and implementation of resources, services, and supports as identified by the Individualized Family Service Plan (IFSP) team. These services may be those directly linked to the developmental needs of the child, as well as the needs of the family related to promoting the child's development.

Level of Contact

Service coordination contact is individually determined with the family; however, it should occur at least once a month. It is important to keep in mind that routine and regular contact with the family is essential to meet all the required components of service coordination.

- A. The size of a service coordinator's caseload affects the quality of services to families and the job satisfaction and stress level of the service coordinator. Many families eligible for early intervention services have complex needs and interact with a variety of agencies. Service coordinators working with families who have complex needs, such as those children who have medical complexities or families with more than one child with special needs, require additional consideration.
- B. Early intervention service coordination is designed to be flexible. For all families eligible, the activities of the service coordinator are individualized based on family concerns.

Service coordination activities should consist of activities related to teaming, determining how the IFSP is progressing and linking with community resources. The service coordinator will need to clearly document in the child's record the service coordination activities that take place.

Service Coordinator Roles

In early intervention, a service coordinator may play two divergent roles (This is determined by each region):

A. Dedicated Service Coordinator-

A dedicated service coordinator does not function as an interventionist, but rather fulfills all other aspects of service coordination. Typically, the dedicated service coordinator facilitates all activities prior to the initial IFSP. In some cases, depending on the need for service, the family will continue to maintain the dedicated service coordinator after the initial IFSP has been developed.

B. Primary Service Coordinator-

A primary service coordinator functions in a dual role: service coordinator and interventionist. In this role, the service coordinator is the point of contact for the family as well as providing direct intervention to the child and family.

NOTE:
Prior Written
Notice is
required.

(See Appendix
E)

Service Coordinator Responsibilities

Prior to the Initial IFSP

The service coordinator is responsible for ensuring that the following activities occur prior to the initial IFSP meeting. All activities must occur within 45 days: ***(Some of these activities will occur on an on-going basis)***

- A. Within 2 working days from the date of the referral, the program must contact the family. These early conversations with the family will help to begin to build a relationship as well as help the service coordinator to understand the family's needs and concerns, which will later translate to more functional outcomes on the IFSP. These early conversations should also include the following:
 1. The purpose of early intervention and information about the program. (See IE&E Effective Practices Guidelines, pg.14-15)
 2. How services are provided, including information on how children learn. (See New Employee Orientation, Family Centered Services pgs. 17-22, Appendix F & Appendix G)
 3. The importance of the IFSP and how it is individualized to meet the needs of the child and family. (See IFSP Effective Practices Guidelines, pg. 4)
 4. The IFSP process and the role of the parents in developing the IFSP. (See IFSP Effective Practice Guidelines pg.4)
 5. Explanation of the parent's rights and procedural safeguards (See Parent Handbook & Appendix I).

See (Appendix
H) for
complete
guidance on
FERPA

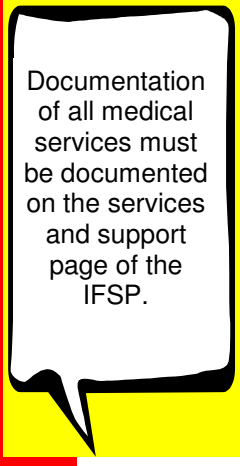
If the service coordinator is not the family's first service coordinator, it is critical for the new service coordinator to become familiar with all the information from intake, eligibility and IFSP process prior to meeting with the family.

- B. Program forms are explained to the family and parental consent is obtained when appropriate to:

1. Share and obtain medical records.
2. Consent to evaluate and assess.
3. Consent to bill private insurance.

These forms are to be completed as part of the intake process. (See Module 2, Intake, Evaluation and Eligibility, pg.15)

- C. Gathering, reviewing and ensuring that all relevant information about the child and family is available to assist the team in conducting the initial evaluation and assessment, determining eligibility, and developing the initial IFSP, if the child is eligible. This would include information gathered at the initial intake as well as information from a family needs assessment, such as the Routines Based Interview.
- D. Ensuring families understand their rights and procedural safeguards which include the following (See Appendix I):
1. Providing and reviewing rights with the family and explaining them in a way that families can understand and use them if necessary. Document that the rights have been given and reviewed in progress notes.
 2. Providing Prior Written Notice at every decision making juncture.
 3. Making information available in the family's native language or preferred means of communication (e.g. sign language, verbal, etc.)
 4. Ensuring that informed consent is obtained before evaluation and assessment.
 5. Ensuring that the family understands that they have the right to decline services.
 6. Making sure that the family understands that they have the opportunity to examine records.
 7. Providing the family with understanding of mediation, complaint and due process procedures to resolve disagreements.
 8. Maintaining confidentiality.
- E. The family is provided information on parental support services (e.g., parent to parent support, Family TIES, Nevada PEP, Project Assist, WIC, etc.) and advocacy organizations and legal services that may be available to them if needed. (See Appendix J)
- F. Provide information regarding agencies that provide financial assistance such as, Children with Special Health Care Needs, Nevada Check Up, Katie Beckett Waiver, Supplemental Security Income, etc. and provide support to complete the application process. (See Appendix K, Fact Sheets)
- G. Coordinating with medical and health providers (e.g. assisting with locating



Documentation of all medical services must be documented on the services and support page of the IFSP.

medical providers, coordinating access to medical records, helping families with questions or issues for medical providers).

- H. Service coordination activities are fully documented in accordance with local program procedures.
 - 1. Every contact with the family or other community providers must be documented. This includes phone calls to schedule and confirm appointments, cancellations by family or provider, informational calls, coordination of schedules, etc.
 - 2. Service coordinators who provide intervention, as well as service coordination, must clearly distinguish service coordination activities in notes from intervention activities, in accordance with billing procedures. These are individual billable services and must be documented separately. (See Appendix B & C)
 - 3. Frequency and intensity of all services being provided by any of the team members must be documented in the child's record.
- I. If a family does not consent to evaluation and assessment, explain that eligibility cannot be determined and early intervention services cannot be provided. Advise them of their rights (See Parent Handbook & Appendix I) and provide information regarding other options and community resources.

Non-English Speaking Families

Parents must have all the information necessary to make informed decisions regarding their child and their early intervention experience. All information must be in the native language of the family or other mode of communication, unless it is clearly not feasible to do so. Forms must be in Spanish, as well as any written content to evaluate, consent for use of insurance, release of information, and any other text, such as the description of the action taking place. This includes:

- A. Intake forms necessary
- B. Evaluation and assessment information
- C. Eligibility
- D. Prior Written Notice
- E. Parent Handbook

The IFSP must be in Spanish, but an English version of the IFSP must also be in the child record for IFSP team members that speak English. For families whose native language is not English or Spanish, these cases must be brought to the attention of your supervisor immediately so that other arrangements can be made to provide services to these families.



Use the statewide TRAC data collection form to report all information.

Mandated Reporters

Service coordinators are mandated to report child abuse and neglect. Early intervention is a voluntary program and choosing not to access services is NOT neglect unless it is in violation of a court order or places the child at immediate risk. Issues and situations that may arise when working with families that you are unsure of, discuss this with your supervisor immediately.

Surrogate Parent

A surrogate parent is an individual assigned in accordance with IDEA federal regulations, who has agreed to make the decisions required of parents under Part C of IDEA when no parent can be identified or cannot, after reasonable efforts by the public agency, be discovered. A parent is:

- A. A natural, adoptive or foster parent of a child;
- B. A guardian (but not the state, if the child is a ward of the state);
- C. An individual acting in the place of a natural or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, or an individual who is legally responsible for the child's welfare.

If a child is a ward of the state, the early intervention program must determine if there is a need for a surrogate parent and appoint the surrogate within 10 working days of confirmation of the need, if appropriate (See Appendix L). The confirmation for need is the date that you confirm with the social worker the status of the child. IDEA considers a child to be a "ward of the state" when the state has assumed under its own law, the legal responsibility to make decisions for the child, including the child's receipt of early intervention services. A child is a ward of the state in Nevada when:

- A. The child is in the custody of the state.
- B. A Case Plan has been approved by the Juvenile Court, and the Case Plan includes termination of parental rights.
- C. Termination of parental rights is pending.
- D. Termination of parental rights has been finalized.

Federal regulations require that written parental consent (including surrogate parents) be obtained for the initial evaluation, reevaluation, and for the initiation of early intervention services. If the appointment of a surrogate parent is necessary, the initial evaluation cannot begin until the surrogate parent is appointed and gives written consent.

Criteria for Appointment of Surrogate Parents

A surrogate parent shall:

- A. Be at least 18 years of age and a resident of the state of Nevada.
- B. Have no interests that conflict with the interest of the child being represented.
- C. Have reviewed the Early Intervention Handbook.
- D. Not be an employee of the public or private agency providing services to the child or to any family member of the child, such as a social worker, administrator, or service provider.
- E. Have knowledge and skills that ensure adequate representation of the child.

Early Intervention must consider the following for the selection of a surrogate parent:

- A. The recommendation of the social worker, based on the case plan, when the child is a ward of the state. If reunification is the goal, it is best practice to include the natural parent in the intervention. The foster parent may still fulfill the parental role while the child is a ward of the state.
- B. The availability and appropriateness of a relative.
- C. The surrogate's parent's availability to actively participate.
- D. It is important to remember that a surrogate parent appointment can be changed at any time. A surrogate is no longer needed when a person meeting the definition of a parent becomes available to represent the child.

How to Appoint a Surrogate Parent

- A. Consult with the social worker (when the child is a ward of the state) regarding an appropriate surrogate.
- B. Select and appoint a surrogate parent within 10 working days of the confirmation of need, including sending a letter of appointment (See Appendix M).
- C. Ensure that the surrogate parent is afforded all the procedural safeguards accorded to the natural parent, as specified in state policies and procedures.
- D. Give the surrogate parent cooperation afforded to a natural parent in matters relating to the provision of early intervention services to the child.
- E. Document all steps/processes in case notes of the need for a surrogate appointment.
- F. A copy of the appointment letter should be maintained in the file.
- G. Once the surrogate parent is appointed, have all permissions completed and move to complete eligibility and IFSP development within the 45-day timeline. The 45-day timeline begins from the date of referral, not the date you contact the social worker. Document any exceptions in progress notes and TRAC.

Termination of Surrogate Parent Appointment

The termination of a surrogate parent will automatically take place when any one of the following conditions occurs:

- A. A guardian is appointed by a court of competent jurisdiction; or
- B. When a surrogate parent notifies the Early Intervention Program, in writing, that he or she no longer wishes to serve. If the child is currently enrolled, another surrogate parent must be appointed.
- C. When the surrogate parent is no longer eligible (e.g., the surrogate parent has become an employee of the agency responsible for providing services to the child), another surrogate parent must be appointed.
- D. When the Early Intervention program has a reason to believe that a surrogate parent is not effectively representing the child. The Early Intervention Program must be able to justify such removal through documentation of impropriety, such as failure to respond to notices of meetings or other correspondence, non-attendance at mutually scheduled meetings, failure to learn about the child's needs, etc. Disagreement with early intervention recommendations or procedures is not a justifiable cause for removal. If the surrogate parent is not responding, immediately notify the social worker and send a Prior Written Notice requesting an IFSP meeting; identify that if the surrogate parent does not respond, a new surrogate will be appointed on behalf of the child.
- E. If at any point, the child's parents are located and/or resume their responsibilities, or a guardian is appointed, the services of the surrogate parent shall be terminated through a letter to the surrogate parent (See Appendix N).
- F. The child has exited early intervention. If the child is transitioning to the school district, coordinate as a part of transition planning, whether the surrogate parent will continue, or ensure that the school district is aware the child has a surrogate.

Evaluation/Assessment

Evaluation- the procedures used to determine a child's eligibility, consistent with the definition of "infants and toddlers with disabilities" in Sec.303.16, including determining the status of the child in each of the developmental areas. In Nevada, programs do not revisit eligibility, but do have exit criteria (i.e., if a child is evaluated and he/she is functioning at age level for at least 6-months). A prior written notice must be provided to the parent to reconvene the IFSP to exit the child from the program.

Assessment- the ongoing procedures used throughout the period of a child's eligibility to identify the child's unique strengths and needs and the services appropriate to meet those needs. The assessment also identifies the resources, priorities, and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

There should be a written summary of all evaluation results in the child's record (See Appendix O, 'Sample Present Level of Development' and 'Evaluation Summary Report').

During the evaluation and assessment the service coordinator is responsible for:

A. Compiling relevant information, including:

1. Medical/developmental records (The service coordinator must have the family sign a Release of Information form so that their child's medical records can be obtained),
2. Vision and hearing, and
3. Summary of information gathered from family during initial contact and intake to share with team and confirm with family during evaluation and assessment.

B. Scheduling and coordinating evaluation and assessment activities, as well as determining the composition of the evaluation and assessment team, in accordance with local program procedures. This includes ensuring that:

1. Families are prepared by explaining the evaluation and assessment process.
2. The evaluation and initial assessment of each child must be completed within the 45-day time period.
3. All necessary evaluations take place prior to the initial IFSP and discussion of the results take place prior to the development of the IFSP.
4. The initial IFSP team should consist of a qualified team of professionals trained to utilize appropriate methods and procedures to address the developmental needs of the child.
5. An evaluation of the child's functioning in each of the developmental areas, based on evaluation and assessment results, parent report, and clinical opinion (See Appendix O).
6. Family Needs Assessment/ RBI is used to determine the resources, priorities and concerns of the family, and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

C. All subsequent assessments that are needed following the initial evaluation take place.

D. All evaluation and assessment information is available at the IFSP meeting to assist in making informed decisions related to the child's strengths and needs. This information should include the evaluator's name and discipline, the tool used and the results of the evaluation and assessment.

E. Ensuring that eligibility is determined following the evaluation and assessment, and the family receives a Prior Written Notice of the decision (This is one of the

Evaluation and assessment of the child must be documented on the Present Levels of Development page of the IFSP.

decision making junctures, where the prior written notice should be given if the child is eligible/ineligible).

1. If the child is eligible:
 - (i) Complete the determination of eligibility form.
 - (ii) Complete the prior written notice indicating that the child has been found eligible.
 - (iii) The parent's rights must be reviewed to explain what the next steps are, which will be developing the IFSP. The family and IFSP team must be notified about this meeting and give consent for this meeting to take place.
 - (iv) Update TRAC with the eligibility date and criteria used. Make sure the criteria matches the evaluation information in TRAC.
2. If the child is not eligible:
 - (i) Complete the prior written notice, indicating the child was found not to be eligible for services and will be exited.
 - (ii) The parent's rights must be reviewed with the family so that they are aware that they have the right to agree or disagree with the decision that was made.
 - (iii) Refer to community resources.
 - (iv) Exit child from program in TRAC.

- F. Following state procedures to maintain current information for each child in TRAC data system. Update TRAC with eligibility and criteria used. Ensure that the criteria matches the evaluation information in TRAC.

Child Outcomes Summary Form (COSF)

The Child Outcomes Summary Form is a tool developed by the Early Childhood Outcomes (ECO) Center to assist early intervention personnel in summarizing child assessment information and evaluating the child's progress in relationship to three functional outcomes identified by the U.S. Office of Special Education Programs (OSEP) (See Appendix P):

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication); and
- C. Use of appropriate behaviors to meet their needs.

The service coordinator is responsible for completing the COSF form no more than 30 days from the date of the initial IFSP and no more than 30 days prior to, but no later than, the child's third birthday (or exit from the program), provided that they have received early intervention services for at least six months. In addition, for children who exit the program unexpectedly, but received services for six months, the exit COSF must be completed no more than 30 days from

Parent Consent is not required for completion of the COSF for the purpose of evaluating child progress and reporting data.

Refer to (Appendix Q) for guidance and suggested talking points to be used in sharing information with the family about the requirements and reporting the data for child outcomes.

the child's exit from the program. This form must be completed by gathering information through (See Appendix's P):

- A. Evaluation/ Assessment process, including
1. Both formal and informal assessment procedures
 2. Observations
 3. Input from the family
 4. Clinical opinion from IFSP team members
 5. The child's health history

The COSF form is a 7-point scale summarizing information related to a child's progress on each of the three child outcome areas. On the scale of 1-7, (1= the child is at the very low end of functioning and 7= the child is showing complete functioning expected for his/her age in all or almost all everyday situations that are a part of the child's life).

When rating the child in the three outcomes, you are being asked to compare the child's skills and behaviors to those of his/her same age peers. Remember to utilize all of the relevant information received from all team members and the evaluation/assessment process to determine the child's rating. The evidence that supports the rating and the source of the evidence must be documented on the COSF form as well (See Appendix P for COSF Overview, Instructions, Definitions and Example).

Questions 1a, 2a and 3a must be completed at entry and questions 1b, 2b and 3b must be completed 30 days prior to the child's third birthday or exit from the program to determine if the child's level of functioning increased while receiving early intervention services.

A copy of the completed COSF form should be submitted to your supervisor (unless local policy determines otherwise) for data collection purposes. The original form should be maintained in the child's record.

Note:
Refer to
the IFSP
Module

Note:
The IFSP
team
always
includes
the
family.

Preparing and Planning with the Family for the Individualized Family Service Plan Meeting

The IFSP is a written document for families which includes:

- Family strengths that are recognized and built on,
- Beliefs and values that are respected, and
- Hopes and aspirations that are encouraged and acknowledged.

It is essential that the service coordinator prepare the family for this important meeting by:

- A. Explaining the purpose and activities of the meeting.
- B. Explaining the importance of family participation on the team.
- C. Reviewing the information from family needs assessment and/or any conversations that may help in identifying family supports.
- D. Reviewing the information from child evaluations and assessments.

In planning and preparing the family for the IFSP meeting, the family and service coordinator should discuss and determine the following:

- A. The meeting date, time and place that is convenient for the family.
- B. Whether an interpreter would be needed to conduct the IFSP in the family's native language, or if there are any other communication needs.
- C. If the family has transportation needs, the IFSP meeting should take place at the home.
- D. Who the family chooses to invite to participate.

The following steps must be completed by the service coordinator in preparing the family for the IFSP meeting:

- A. Provide the family with a Prior Written Notice that includes who will be attending and a copy of the prior written notice should be given to all team members as well (See Appendix E).
 - 1. The prior written notice must be mailed to the family in enough time for the family to prepare for the meeting.
 - 2. If something comes up at the home visit that the family would like to address, you can provide the family with a prior written notice at that time to make changes/additions to the IFSP.
 - 3. Provide a copy of and explain Parent Rights to the family (See Parent Handbook).
 - 4. Provide the family with relevant information, including copies of all evaluations and assessment results to assist them in preparing for the meeting.

During the IFSP Meeting

The service coordinator shall facilitate the IFSP team meeting by conducting the following activities:

- A. Fully explaining parent rights. You must thoroughly review and explain each section and ask the parent if they understand how to use the information. This information must be documented in the progress notes.
- B. Sharing with the IFSP team basic information about the family composition, the family network and the family's formal and informal support systems. (This can be documented on the Eco Map, see IFSP Module).
- C. Facilitating a discussion about the infant or toddler's present levels of development based on information gathered during the evaluation and assessment process.

- D. In conjunction with the family, share with the IFSP team the child and family's typical routines, activities, natural environments as well as concerns, priorities and resources identified during the family needs assessment, (what's working, what's not working and what the family seeks assistance with), as well as any subsequent information the family wishes to share. This information will come from the routine based Interview (RBI) or the family needs assessment. (See IFSP Module)
- E. Facilitating the integration of developmental information and the family's concerns and priorities to develop functional outcomes that will increase the child's participation in their natural environment and everyday routines.
- F. Strategies will be developed in collaboration with the family and other IFSP team members, and should:
1. Build upon activities and routines of the family and assist the child in learning new skills.
 2. Be developed to provide family members with written information, consultation or special training in order to achieve an outcome. An early intervention support may be provided to assist the family in learning new skills.
 3. Require that direct early intervention service personnel provide services within the context of the child's natural environment. These strategies must always include opportunities for family or caregiver participation.
- G. Facilitating the collaboration between the family and other IFSP team members in determining the necessary supports and services needed to address the child's developmental progress. These services are provided by the licensed professional that has credentials in a certain field (i.e., occupational therapy is provided by an Occupational Therapist, physical therapy is provided by a Physical Therapist, etc.)
- H. Facilitating the team's determination of frequency, intensity, location, method of delivering services and supports, projected dates for initiation of services and the anticipated duration of such services. The services that are identified on the supports and services page must be provided by the licensed professional with credentials in the discipline (See Module 3, IFSP for considerations when determining frequency and intensity of IFSP services).
- I. Ensuring that for each service listed, the IFSP team specifies who is responsible for funding the service. Verify that the parent gave consent for use of private insurance (Examples of funding sources are Medicaid, Private Insurance and NEIS. Remember Part C is always the payor of last resort).
- J. Coordinating services across multiple agencies when necessary for individual children and families [303.23 (a)(2)(ii)]. The service coordinator ensures that if a family is involved with or receiving services from multiple agencies, the family understands the services, and all entities are working together to provide support to the family. If families are receiving services outside of early intervention services, the discussion needs to happen through the Individualized Family Service Plan (IFSP) process of who will be the provider and payer for the services designated on the IFSP. All services



Remember
when the
IFSP changes
to update
TRAC

identified as needed by the IFSP team must be on the IFSP.

- K. Including other services needed by the child, that are not required under Part C, are to be coordinated by the service coordinator on the IFSP. Other services may include access to childcare, assistance in applying for Medicaid benefits and food stamps, obtaining therapeutic equipment and specialized medical services related to the child's disability, etc.
- L. Facilitating the signing of the IFSP by the family and other IFSP team members and ensuring that parents understand their signature means they are agreeing to the plan and the implementation of services. This is documented on the IFSP agreement form (See Appendix R. *Remember this is a decision making juncture that requires the review of the parent's rights*).
- M. Documenting that a copy of the IFSP is given to the family at the IFSP meeting. When changes are made to the IFSP, the family must receive a copy of the changes and the completed review page and updated summary of supports (Second copy of the NCR form). The family should be made aware of their right to accept or refuse a service; they can decline one service without jeopardizing another. Families also have the right to agree or disagree with recommendations made or services being offered.

Implementing the IFSP

The service coordinator is responsible for the following activities in implementing the IFSP :

- A. Serving as the primary point of contact in supporting families to obtain services and assistance they need. This includes:
 - 1. Ensuring identified supports and services on the IFSP are provided as soon as possible, but **no later than 30 calendar days** from parental consent.
 - 2. Accessing other services identified on the IFSP that are provided by agencies other than early intervention, including medical services for other than diagnostic and evaluation purposes, public health, WIC, financial resources, social services agencies, etc. (See Appendix J)
 - 3. Continuously seeking appropriate services and supports necessary to benefit the child's development while receiving early intervention (see 303.23 (a)(3)).
 - (i) While providing early intervention services to the family, if issues arise, the service coordinator should address them and assist the family with accessing the necessary service (i.e., The family needs medical insurance because a parent lost their job).

Any time a parent requests an additional service or support, an IFSP meeting must be reconvened. At a minimum, the parent and service coordinator must be involved.

- B. Updating the TRAC form with the initial date of the IFSP, or any subsequent dates, changes to services, etc., within two (2) working days of the IFSP meeting.
- C. Coding TRAC exceptions:
 - 1. If all services are not implemented within 30 days, code exception in TRAC (See Appendix S).
 - 2. Document in the child's record any exceptions to why services are not initiated in a timely manner.
- D. Following local program procedures for record keeping to ensure that IFSP's (initial, revisions and annual reviews), eligibility documentation, procedural safeguard assurances, correspondence and progress notes, are current and in the child's file.
- E. Documenting all service coordination contacts and actions related to the family in the child's record (See Appendix B & C).

Reviewing the IFSP

The IFSP drives all services for the child and family and should be viewed as a working document that can be modified and changed as needed to meet the needs of the child and family. No service decisions should be made outside of an IFSP meeting. These are the required activities when a review is done.

- A. Prior Written Notice (PWN) must be given early enough to ensure families can participate. All IFSP team members must receive a copy of the PWN.
- B. The parent's rights must be reviewed with the family at every decision making juncture.
- C. Conduct the IFSP meeting in a setting and at times that are convenient to families, and in the native language of the family or other mode of communication used by the family, unless it is clearly not feasible to do so.
- D. At a minimum, the two IFSP team members that must be present for an IFSP meeting are the service coordinator and the parent. Other IFSP team members cannot hold an IFSP team meeting or make changes to the IFSP without the service coordinator.
- E. Ensuring that IFSP team members unable to attend the six month review are notified of all changes to the plan. If the therapists are not available, ensure that all of their information is available at the IFSP meetings.
- F. The IFSP Review page must be completed, dated and signed by the parents and other IFSP team members present.
- G. A copy of the IFSP is given to all members of the IFSP team.
- H. Update TRAC with any changes or additions.
- I. Anytime a change/addition is made to the IFSP, an IFSP meeting must be convened

and an IFSP review page must be completed. The only time a change can be made to an IFSP without an IFSP meeting is for the addition of strategies.

6 Month Review

In addition to the requirements above, for a six month review, the service coordinator must complete the following activities:

- A. The required six month review of the IFSP must be completed no later than the end of the sixth month after the development of the IFSP. For example, if the initial IFSP was developed on January 1st, the six month review must be completed no later than June 30th.
- B. A comprehensive review of the IFSP, including updating any relevant health history information or family needs assessment, rating outcomes for progress, assisting the family in adding new outcomes and strategies, review of the supports and services page, and changes in service delivery.
- C. Parents must sign the IFSP agreement form (See Appendix R).

Annual Review

In addition to the requirements for any review, for an annual review, the service coordinator must complete the following activities:

- A. The required annual review of the IFSP must be completed no later than one year to the date of the initial IFSP.
- B. Arrange for the annual assessment of the child's present levels of development, including any additional evaluations and assessments deemed necessary.
- C. Update any family needs assessment or health history information that would impact the child's development.
- D. A comprehensive review of the previous IFSP. The outcomes must be reviewed and rated either accomplished, continued, changed, or removed. The IFSP must be rewritten in entirety, transferring any outcomes that would be continued from the previous IFSP.
- E. Help the family identify any new functional outcomes and strategies.
- F. Frequency and intensity of services and supports must be reviewed and changed if appropriate.
- G. A copy of the new IFSP must be given to each IFSP team member.

Declining Early Intervention Services

It is important that the degree of early intervention services is determined and based on the needs of the family that have been addressed in the IFSP. This process is done in a collaborative manner with the full agreement and participation of the parents of the child. Parents retain the ultimate decision in determining whether they, their child, or other family members will accept or decline services.

- A. If parents decline the evaluation, IFSP, or services, the service coordinator is responsible for :

1. Reviewing the parent's rights to reinforce that they have the right to disagree to any service offered by early intervention. If the family declines a service, early intervention may not provide that service; the family has the right to reconvene the IFSP.
 2. Having the parent sign the Declining Participation in Early Intervention Services form. (See Appendix T)
 3. Providing the family with a prior written notice to confirm the parent's decision.
- B. If a child is referred by Department of Children and Family Services (DCFS) and placed with a foster family and the foster parent declines early intervention services, the service coordinator is responsible for:
1. Reviewing the parent's rights to explain that they have the right to decline a service at any time.
 2. Providing the foster parent with a prior written notice to confirm declining of services.
 3. Notifying the DCFS worker that services were declined.

Initiating and Coordinating Transition Planning

The service coordinator is responsible for initiating and coordinating transition planning. Information and assistance provided by the service coordinator will facilitate a family's adjustment to the next setting and a seamless transition and continuity of services (See Module 5, Transition, for specific responsibilities of the service coordinator during and after transition from early intervention).

Change in Service Coordinator from Program or Parent Request

When appropriate, the Early Intervention Program accommodates requests for a change in the service coordinator to the best of their ability. Programs make every effort to maintain the same service coordinator throughout the 45-day timeline (referral to initial IFSP meeting), as well as throughout early intervention once an ongoing service coordinator is assigned. If you are assigned to a family that is a transfer case, contact the family as soon as possible and familiarize yourself with the services that the child is receiving (please follow your local program procedures). Service coordinators should notify their immediate supervisor of this request.

Transfer of Children from One Early Intervention Region to Another

When the family informs the service coordinator that they are moving to another region, the service coordinator is responsible for:

- A. Providing information to the family regarding services in the region where the family indicates they are moving (whenever possible, conduct the IFSP review before transferring the family to a new region).

- B. Send the transfer form (See Appendix U) along with the TRAC form to the transferring region's identified contact person (also cc: to the family and Part C). The information should include:
1. The current service coordinator's contact information
 2. The family's former address and contact information
 3. The family's new address and contact information, if available.

When the family's transfer information has been received by the region that the family is transferring to, the following must take place:

- A. A service coordinator must be assigned within five working days.
- B. The service coordinator attempts to contact the family within two working days and a letter should be sent to the family acknowledging they have received notification regarding their transfer. This must be done within two working days as well (local contact information should be provided).
- C. If the service coordinator is unable to contact the family by phone, a letter will be sent to the family indicating that they have been notified of the family's move to that region (See Appendix V). The letter should also be copied to the sending agency.
- D. Other means of attempting to contact the family should be implemented and thoroughly documented. If there is difficulty in making contact with the family, this should include a follow-up phone call to the previous service coordinator to see if he/she has further information on the family (i.e., did the family decide not to relocate after all).
- E. Upon contact with the family, the service coordinator will contact the sending region to facilitate the transfer of appropriate records.
- F. If contact with the family has not been achieved within 30 days, and no further information is available, the receiving region should:
1. Send a registered letter to the family at the last known address and the projected address. This letter should be family friendly and include:
 - (i) Concern regarding the inability to make contact with the family
 - (ii) Express interest in the well being of the child and family
 - (iii) Indicate that unless a response is received from the family by a specified date (not less than 10 working days), the program will have to assume that the family is refusing continuation of Part C services at this time and the child's Part C file will be closed
 - (iv) Assure the family that they may resume services for their child at any time before the child's third birthday by

Prior Written Notice must be provided to families when they are exiting from the program.

contacting the program (provide contact information– local and statewide).

2. Include a Prior Written Notice with the letter to the family.
- G. If there is no response from the family within the timeframe established in the letter of notification, the receiving region's service coordinator must document this in the progress notes and close the child's file.
- H. The receiving program will send a copy of the following to the sending program's service coordinator to facilitate the closing of the case file in that region:
1. Documentation of attempts to contact the family
 2. Closing letter
 3. Prior written notice

Lack of Family Engagement in Nevada Early Intervention Services

Family participation in early intervention services is critical for achieving positive outcomes for children and families receiving early intervention services. Since early intervention professionals and the child's family jointly determine the necessary services and supports to enhance the child's learning through participation in the family's everyday routines and activities and are based upon the child's and family's needs, interests and priorities, family engagement, in most cases, will not be an issue. In circumstances when a family is not keeping scheduled appointments or is not responding to contacts by NEIS, service coordinators and service providers should see this as a cue for exploring with the family those reasons that are contributing to the family's lack of engagement. Some common reasons that may impact family engagement are as follow:

- A. The family is experiencing other issues that are impacting the life of their child and family, and the supports and services offered by NEIS are not a priority at this time.
- B. NEIS services and supports, including type of services and their frequency and intensity, may not be perceived by the family as meeting their needs or the needs of their child.
- C. The relationship between NEIS service coordinator/providers and the family is in early stages of development.

Lack of family engagement may occur at different times throughout the implementation of early intervention services. Different steps will need to be taken, depending on when this occurs.

- A. After referral, family does not respond to phone calls, letters, etc:
1. Make numerous attempts to contact the family within the 45-day timeline including

but not limited to: telephone calls to all known phone numbers and written correspondence. All attempts to contact the family must be documented.

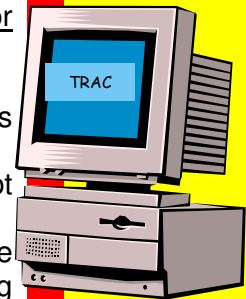
2. After multiple attempts have been made, if there is no response, send a letter advising the family that the case is being closed and they can call back at any time.

B. When lack of engagement occurs prior to determining eligibility and/or developing the initial IFSP, the service coordinator is responsible for:

1. Prior notice indicating the intended action of closing the child's record and a copy of their rights;
2. The date by which the family must contact NEIS if they do not choose to have their child's record closed at this time; and
3. A statement indicating that the family may contact NEIS at any time in the future if they wish to access services and accompanying NEIS contact information.

C. When an IFSP is in place and the family has missed multiple scheduled appointments or cannot be contacted by NEIS service coordinator or provider, service coordinators are responsible for:

1. Making numerous attempts through a variety of means to connect with the family, including, but not limited to telephone, letters, emails or home visits and documenting these attempts.
2. Exploring with the family if priorities, needs, and interests have changed and determining if an IFSP review is needed to modify IFSP services and supports.
3. Providing prior written notice to the family that an IFSP review is being scheduled and if the family does not attend the meeting, or call to schedule at a convenient date and time, the child's record will be closed.



**Code TRAC for
family
exceptions
(See Appendix
S)**

Home Visiting Safety Checklist

Service Coordinators do a lot of traveling to various areas and neighborhoods on a daily basis. It is very important that service coordinators keep their safety first by following these recommendations:

- A. Sign out before leaving the building and make sure that your supervisor is aware of your schedule.
- B. If possible, take a cellular phone with you and keep it easily accessible.
- C. Call the family ahead of time to let them know that you are coming.
- D. Keep your purse and any other personal valuables locked in the trunk of your car. Place all articles in the trunk prior to arriving at the home visit.

- E. When approaching the home, if it appears that threatening looking people are loitering around the home (or some other type of potentially dangerous situation), drive to a safe area. Call the family and tell them about your concerns and reschedule the appointment.
- F. In addition, for rural home visits:
 - 1. Leave for the home visit with a full tank of gas.
 - 2. Take at least one gallon of water.
 - 3. Take snacks and drinks for yourself.
 - 4. Take blankets or extra clothing in bad weather.
 - 5. Call ahead to get weather information and road conditions.

APPENDIX

APPENDIX

APPENDIX A—Targeted Case Management**2502.10 TARGETED CASE MANAGEMENT (TCM) SERVICES**

Targeted Case Management services are services which assist an individual in gaining access to needed medical, social, educational, and other supportive services.

Allowable case management

Services and activities are:

- (1) assessment of the eligible individual to determine service needs;
- (2) development of a specific care plan;
- (3) referral and related activities to help the individual obtain needed services;
- (4) monitoring and follow-up; and
- (5) evaluation.

Targeted Case Management Services do not include direct delivery of medical, clinical or other direct services.

Targeted Case Management services are provided to specific, state plan defined target groups.

The seven target groups eligible to receive this service are:

- children and adolescents who are severely emotionally disturbed (SED),
- seriously mentally ill (SMI) adults,
- persons with mental retardation and related conditions,
- developmentally delayed infants and toddlers,
- juveniles on probation (JPS), juveniles receiving child protective services (CPS) and
- persons who are blind and visually impaired.

MTL 34/03

DIVISION OF HEALTH CARE FINANCING AND POLICY

Section: 2503

MEDICAID SERVICES MANUAL

Subject: POLICY

September 12, 2003

TARGETED CASE MANAGEMENT

2503 Page 1

2503 POLICY

2503.1 TARGETED CASE MANAGEMENT SERVICES POLICY

2503.1A COVERAGE AND LIMITATIONS

A maximum of thirty (30) hours per target group, per calendar month, per recipient, is allowed for targeted case management services. (Maximum hours do not apply to providers who are paid a capitated, per member/per month rate).

1. Targeted Case Management services are reimbursable when they are:
 - a. provided to Medicaid eligible recipients;
 - b. medically necessary;
 - c. provided by a qualified provider enrolled to serve the target group in which the recipient belongs; and
 - d. provided by the recipients chosen provider.

APPENDIX A—Targeted Case Management

2. Targeted Case Management services not reimbursable under the Nevada Medicaid Program include, but are not limited to:
 - a. The actual or direct provision of medical services or treatment. Examples include, but are not limited to:
 1. training in daily living skills;
 2. training in work skills and social skills;
 3. grooming and other personal services;
 4. training in housekeeping, laundry, cooking;
 5. transportation services;
 6. individual, group or family therapy services; and
 7. crisis intervention services.
 - b. Services which go beyond assisting individuals in gaining access to needed services. Examples include, but not limited to:
 1. paying bills and/or balancing the recipient's checkbook;
 2. completing application forms, paper work, evaluations and reports;
 3. escorting or transporting recipients to scheduled medical appointments;
 - c. Traveling to and from appointments with recipients.
 - d. Traveling to and from appointment (without recipients).
 - e. Case management services provided to recipients in inpatient hospitals and residential treatment centers (the only exception are for recipients under age 19 in the last 180 days from discharge).
 - f. Using targeted case management codes for billing, when the recipient does not meet the target group.
 - g. Recipient Outreach – Outreach activities in which a state agency or other provider attempts to contact potential recipients of a service do not constitute case management services.
3. Targeted Case Management Service Components (for all target groups):
 - a. Targeted Case Management Services must include, for all target groups:
 1. Assessment
Assessment focuses on needs identification. Activities include assessment of a Medicaid eligible individual to determine the need for any medical, educational, social, and/or other services. Specific assessment activities may include: taking recipient history, identifying the needs of the individual, and completing the related documentation. It also includes the gathering of information from other sources such as family members or medical providers to form a complete assessment of the Medicaid eligible individuals.

APPENDIX A—Targeted Case Management**2. Service Plan Development**

Service Plan development includes the development of a written comprehensive, individual service plan based upon the information collected through the assessment phase. The service plan identifies the activities and assistance needed to accomplish the objectives developed between the recipient and the case manager.

3. Referral/Linkage

The referral/linkage component includes activities that help link Medicaid eligible individuals with medical, social, educational providers and/or other programs and services that are capable of providing needed services.

4. Monitoring/Follow-up

The monitoring and follow-up includes activities and contacts that are necessary to ensure the service plan is effectively implemented and adequately addressing the needs of the Medicaid eligible recipient. The activities and contacts may be with the Medicaid eligible individual, family members, providers, or other entities. Monitoring and follow-up are necessary to help determine;

- (a) whether services are being furnished in accordance with a service plan of the Medicaid eligible individual;
- (b) the adequacy of the services in the care plan; and
- (c) changes in the needs or status of the Medicaid eligible individual. This function includes making necessary adjustments in the service plan and service arrangement with providers.

5. Evaluation

Evaluation should be consistent with the needs of the recipient. The case manager must periodically reevaluate the recipient's progress toward achieving plan objectives. Based upon the case manager's review, a determination would be made on whether changes should be made to the recipient's plan, or if case management services are still appropriate.

APPENDIX B — DAP Protocol

NEIS- SERVICE LOG AND PROGRESS NOTES

Child's Name: Bam Bam

Staff Code: 51

page 1 of 2 pages

Case Number: H-00 Intervention Start Time: 1:30pm End Time: 3:00pm (not including travel time)

APPENDIX B — DAP Protocol

The process for case notes to follow the *Data, Assessment, Plan* (DAP) format is described below. Each of the three elements of the format should be labeled Data, Assessment and Plan, or abbreviated as D, A, & P.

DATA:

Record all persons present during contact with the family, include each person's title or designation next to his or her name, state the purpose of the contact, meeting or session. Record Subjective and Objective information about the child/family; subjective – what child/family members say or feel; objective – observable, behavioral information; a description of both the content and process of the visit.

Record relevant information reported by the parent or others present at the meeting, intervention or assessment session.

Record that the Parent Rights Handbook was given to the family and every discussion or explanation of parent rights and responsibilities and any questions or concerns about procedural safeguards raised by the family or others present.

List all screening, assessment or evaluation instruments or protocols used and each of the members of the MDT participating in eligibility determination.

Record the eligibility determination and any relevant discussion about eligibility.

Record any relevant observations of child behavior, child health, parent concerns, family needs, etc. as they arise during each contact with the family or caregivers. Report noticeable or reported child progress. For example, *Danielle was still unable to pick up her cup when prompted to do so. Her mother reports she tries, but cannot grasp the cup yet.*

Report intervention strategies used and the IFSP outcome(s) being addressed during an intervention session. Report any relevant responses to intervention strategies. Record any progress toward IFSP outcomes.

ASSESSMENT:

Report working hypotheses, what you believe is going on with the child/family. For example, *Marcy appears to have improved this week, demonstrating more consistency in making requests for her favorite food. It appears that not only are the intervention strategies effective, but both her parents are consistently applying suggestions provided at the last visit.*

PLAN:

Document any NEIS appointments made including the date, time and professional with whom the appointment was made.

Document what needs to be done or should be done prior to the next meeting and who is responsible for getting it done. Document which IFSP outcomes will be addressed at the next intervention session and/or which strategies will be introduced or continued at the next session. For example, *continue strategy to have Danielle grasp her favorite squeaky toy and remind mother to provide positive verbal feedback when Danielle attempts to do so.*

Document any written communication that will be provided such as a Prior Written Notice, 10-day letter, written home program, copy of evaluation or assessment reports, etc. and who is responsible for providing these documents to the family or others involved in the child's care or welfare.

Professional staff responsible for completing *NEIS Service Log & Progress Notes* should bring questions or concerns related to this Policy & Procedures document to their respective supervisors. Ideally, such questions or concerns will be addressed during weekly team meetings in order that any necessary technical assistance or training can be identified and delivered to the team as whole.

APPENDIX C — SOAP Protocol

Billing Log

(Billable and non-billable time)

Month / Year: 05 /2007 NEIS-South

Smith, Eva T
Last First M.I. Case Number: 11112

Service Provider /Staff Code: MM/555
Diagnosis Code:

Date	Actual Time	Procedure Code	POS	Description of Services Provided: Entry must be in black ink and each entry
5/8/07	15min	99499	62	DS called family to confirm HV for today @ 1:30pm.
5/8/07	30min	T1001		DS traveled to and from family's home.
5/8/07	45min	N99499	12	<p>S: Present for the HV was this DS, Brooke (SLP), Margaret (mom), Ed (dad) and Eva. When we arrived Eva was playing in her dollhouse. She was happy to see us when we came through the door, she had a big smile on her face. The purpose of today's HV was to provide support and services to the family. Per mom's report Eva is learning new words daily. DS and SLP discussed and modeled strategies for mom and dad. The parents were praised for the good job that they are doing with Eva. O: During the visit, the DS observed Eva to be very excited about her new baby doll. DS held the baby doll and rocked. Eva requested the baby doll by pointing and saying baby. Eva imitated this DS by rocking the baby doll as well. The SLP asked Eva where various body parts were on the baby doll and she was able to successfully point to 5 different body parts. Dad reports that she does say eye and nose. Mom stated that Eva has learned to say mine, juice and shoe, but the words are not very clear. Eva went to get a book from her room and sat on the floor next to mom and gave her the book and began to point at it. When mom asked, "Do you want me to read you a story." Eva shook her head yes. As mom read the book to Eva, mom used her finger to read along and then Eva began to do it, too. Mom pointed and labeled pictures in the book, Eva was observed to enjoy being read to and she made an effort to imitate words of objects in the book. A: The family was encouraged to continue giving Eva opportunities to request and label objects and making efforts to learn to use new words. She has been adding new words to her vocabulary on a daily basis as observed and reported. DS informed the family that the annual IFSP is due by the end of next month. The parents were encouraged to think about what they would like to see Eva doing before she goes to school. They informed the team that they are now ready to call and schedule Eva's appointment with Child Find. Dad stated that he is now ready to have her tested, whereas before he didn't feel as though she needed additional support after she graduated from early intervention. P: The team scheduled the annual IFSP meeting for 6/15/07, a PWN was provided to the team for this meeting as well. The next visit was previously scheduled for 5/22/07 to complete the RBI and IDA.</p>
5/8/07	15min	99499	12	This DS called Child Find while at the home to assist the family with scheduling an appointment to have Eva tested. Her testing date was scheduled for 6/30/07 @ 8:00 am. Both parents are available on this date.

Distributed to Billing by Staff/Code:

Date:

Location of Service (L Code)

Home – 12; NEIS (Center/Office) – 62; Daycare – 03; Hospital – 21; Other Location – 99

APPENDIX C — SOAP Protocol

The process for case notes to follow the *Subjective, Objective, Assessment, Plan* (SOAP) format is described below. Each of the elements of the format should be labeled Subjective, Objective, Assessment and Plan, or abbreviated as S, O, A, & P.

SUBJECTIVE:

Who is in the home, who the therapists are if there is a co-therapist, purpose of the session, progress since the last session, relevant interactions, interventions. Generally this is the area for the subjective, what the client tells you, and what you, as the therapist do in the session.

OBJECTIVE:

Identify observations you, as the therapist make in the session, i.e.: does the client appear depressed, excessively anxious or angry - describe what you see. In addition to obvious mood issues, also identify observable thought patterns, and behaviors. For example, so and so appeared to have flat affect and reactions were slowed, they exhibited suspicious thinking, and were reluctant to respond to questions or offer information.

ASSESSMENT:

Diagnosis or your opinion. This is where you get to offer your interpretations for opinions, i.e. Good progress. Person seems so depressed, that this may interfere with problem solving about parenting issues.

PLAN:

What are you going to do given the above, homework, goals for sessions in general or for the next session. When is the next session scheduled?

APPENDIX D— Writing Case Notes Tips**Everything You Ever Wanted To Know About Case Notes**

- Think about what you are going to write and formulate before you begin
- Be sure you have the right chart!
- Date and sign every entry
- Proofread
- Record as “late entry” anytime it doesn’t fall in chronological order; be timely
- Think about how the client comes through on paper
- Watch abbreviations-use only those approved
- Errors should have a line through incorrect information. Write error, initial and date
- Write neatly and legibly; print if handwriting is difficult to read
- Use proper spelling, grammar and sentence structure
- Don’t leave blank spaces between entries; can imply vital information left out
- Put client name/case number on each page
- Avoid slang, curse words
- Another provider should be able to continue quality care
- Use quotes from client that are clinically pertinent; use descriptive terms
- Describe what you observed, not just your opinion of what you observed
- Reference identified problems from the treatment plan
- Reference diagnostic criteria from DSM-IV
- Use power quotes:
 - “Client remains at risk for _____ as evidenced by _____”
 - “The current symptoms include _____”
 - “Limited progress in _____”
 - “Continues to have suicidal ideation as evidenced by the following comment made to this writer: _____”

APPENDIX D— Writing Case Notes Tips**Who Relies on Your Documentation?**Clients' Families

Rely on your documentation to advocate for the most appropriate and effective care

PhysiciansMental Health ProfessionalsReferral Sources

Rely on the medical record as an official and practical means of communicating with each other

Rely on your documentation to help them provide a unified treatment approach consistent with your work with the client

Rely on your documentation to provide continuity of care from one treatment setting to another

EmployersOther PayorsManaged Care Companies

Rely on your documentation to justify need for continued treatment, need for admission, demonstrate appropriateness and cost-effectiveness of care, demonstrate all billable services were provided

Licensing and Accreditation Agencies

Rely on your documentation to verify your practice's quality of care and approve your license to operate

APPENDIX E — Prior Written Notice

PRIOR WRITTEN NOTICE

1

2

NAME OF CHILD

DATE OF BIRTH



Nevada
Early
Intervention
Services

Dear _____,
Name of Parent/Guardian

3

Nevada Early Intervention Services is required to provide you with written prior notice within a reasonable time before proposing or refusing to initiate or change the identification, evaluation, or placement of your child, or the provision of appropriate early intervention services to your child or family. This letter is to provide notice of the following: (check all that apply)

- ☐ Evaluation and assessment is necessary at this time
- ☐ Evaluation and assessment is not necessary at this time
- ☐ Your child is eligible for Nevada Early Intervention Services
- ☐ Your child is not eligible for Nevada Early Intervention Services
- ☐ A meeting to develop the initial Individualized Family Service Plan (IFSP)
(Please be advised that you may invite other individuals to participate in this meeting)
- ☐ Review of the IFSP ____ 6 Month ____ Annual ____ other
(Please be advised that you may invite other individuals to participate in this meeting)
- ☐ A meeting to develop the transition plan and/or 90 day transition meeting
- ☐ Program requesting a change to IFSP
- ☐ Parent requesting change to the IFSP
- ☐ Your child is leaving Nevada Early Intervention Services.

4

I understand and agree that the action(s) proposed by Nevada Early Intervention Services may occur today. I understand that I am entitled to reasonable notice, however, I am choosing to participate in the action today.

_____ (parent initials)

5

I choose to reschedule the action(s) when I have had more time to prepare.

_____ (parent initials)

Date of Meeting: _____ Time: _____ Location: _____

Description of the action(s) proposed or refused by Nevada Early Intervention Services

9

Reasons why this action(s) is being proposed or refused

10

This notice includes a copy of your Parents Rights. You have the right to request mediation, impartial due process hearing, or you may file a complaint should you disagree with the above proposed or refused action(s).

- ☐ The native language or other mode of communication of the parent is not a written language. The notice of action has been translated orally or by other means to the parent in the parent's native language or other mode of communication and the parent understands this notice.

Parent Acknowledgment: I have received a copy of my rights under Part C along with this notice. These rights have been explained to me and I understand them.

11

Signature of parent

12

*Notice given/sent by _____ Title _____ Date _____

13

14

Notice given to the following IFSP team members:

15

APPENDIX E — Prior Written Notice

Prior Written Notice Instructions

1. **Name of child:** The name of the child must be included on this page.
2. **Date of birth:** The birth date of the child must be included on this page.
3. **Name of parent/guardian:** The name of the parent/guardian must be included on this page.
4. **Prior notice actions:** The appropriate box must be checked indicating the reason for the notice. It is possible to check more than one box on the prior written notice. Examples of this may be: eligibility and IFSP development.
5. **Agreement box:** This is important to have the parent/guardian complete when the IFSP team is determining eligibility and IFSP development during the same meeting. It is the parent/guardian's right to have adequate time to prepare for the meeting. It is required that the parent/guardian initial this box when the team is proposing to do more than one action in a meeting.
6. **Date of meeting:** The date of the meeting must be included on this form. It is important to include the year as well. Examples include: June 21, 2005 or 6/21/2005.
7. **Time:** The time of the meeting must be included.
8. **Location:** The location of the meeting must be included.
9. **Description of action proposed or refused:** This is where a complete description of what is being proposed or refused is to be described. This section must be completed. Examples include: *Review (child's name) IFSP to update the plan to reflect the services and supports to meet (child name) and family's needs; Begin transition planning; Family would like (child name) to attend UNR's ABA training with costs paid by (NEIS). NEIS program is refusing.*

*When the program is refusing to provide a service that a parent is requesting, it is important to complete the prior written notice at the meeting during which this decision is being made, **never prior to the meeting.**
10. **Reasons why this action is proposed or refused:** This is where a description of why the action is being proposed or refused. This section must be completed. Examples include: (Child's name) has been in the program one year, (Child name) will turn 3 years old on (birth date) and will no longer be able to receive services from (program), (Program) can provide the appropriate ABA program.
11. **Parent signature:** The parent must sign the prior written notice. This is acknowledging that they have received a copy of parent rights and that they have been explained.
12. **Notice sent by:** Name of person giving or sending the notice to the parent/guardian.
13. **Title:** Title of person sending or giving the prior written notice.
14. **Date:** The date that the notice was given or sent to the parent/guardian.
15. **Notice given to team members:** The team members must all be given a copy of the prior written notice. It is important to write the names of all team members who will receive a copy of this notice.

APPENDIX F—Providing Services and Supports

STATE OF NEVADA, HEALTH DIVISION

Service Coordination Effective Practice Guidelines

Early Intervention: Helping Families Meet Their Child's Needs

In early intervention having families and professionals work together as a team is the best way to help a family meet their child's needs. The method known as the primary service provider approach was developed after years of working with families who have young children with developmental delays or disabilities.

When families learn new ways to work and play with their child during normal daily activities and routines then the new skills can be practiced

with the child many times every day. The child and family do not always need to see many different specialists, but those specialists are available when needed. You and your primary service provider can decide when you need specialists to help you. This will usually happen when you need help in deciding what to work on next.

experience and by helping each other, and the family and other caregivers, learn new ways to help the child.

Goals (outcomes) for the child are developed through team agreement under the guidance of the family. Outcomes are based on the

Early Intervention Service Providers Believe In:

- Families and Professionals Working Together
- Helping the Family Meet the Child's Needs
- Regular Communication Among Team Members
- Combining Activities Within Normal Daily Routines
- Goals (Outcomes) Based on Child's and Family's Needs and Agreed Upon by All Team Members

An important part of early intervention services is regular communication among the team members, which includes parents. Professionals suggest new activities and share information with the family and other people who are with the child on a daily basis.

Along with the family, professionals from different fields (for example, early childhood educators, parent educators/home visitors, speech, occupational and physical therapists, social workers, nutritionists, etc.) teach, learn, and work together to reach an agreed upon set of goals (also known as outcomes) for the child and family.

Team members play several roles. Usually one member (the primary service provider) will provide direct services and support to the family and other regular caregivers. Other team members consult with both the family and each other. They do this by sharing their knowledge and



Denver, Ronnee, & November Felzien
from the HAPPY Program in Elko

strengths and needs of the child and family.

Current studies have shown this way of providing early intervention works very well with young children and families.

APPENDIX F—Providing Services and Supports

Working With Your Primary Service Provider

Because your family has the most influence on the way your child grows and learns, the job of your primary service provider is to support you, and other important people involved with your child and family. Your primary service provider will give you suggestions about ways to work and play with your child in places where your child would be if he or she did not have special needs. This will help you help your child learn new things every day.

For the child, receiving services and support in this way means *being* with the people who your child wants and needs to be with and *doing* what the family wants and needs to do.

For the family and other care providers, services and supports

provided by the primary service provider helps them develop the skills and confidence needed to try new ways to help the child learn new things.

During regular visits, your primary service provider's job is to give you emotional support, help your family secure material support, and give you and the other important people involved with your family information and, "suggestions for eating, dressing, playing with toys, sitting independently, or whatever the outcomes for the child are."

"The purpose of the ... visit is to ensure that the family has all the support they need to meet their priorities.... So, ... visitors [primary service providers] will encourage family members,

listen to them, make sure their basic needs are met, and provide them with information. One way to provide information might be to show them things to do with the child. But such a demonstration or "model" is only one of many ways of supporting families" (McWilliam, 1999).

It is important to remember that, although your family will be working with one primary service provider, the other team members will also provide support, consultation, and direct services based on what you, and the rest of your child's team, decide is needed to reach your child's and family's outcomes.

Reference: McWilliam, R. A. (1999). *It's Only Natural... to Have Early Intervention in the Environments Where It's Needed. Young Exceptional Children Monograph Series No. 2.*

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Critical Concepts in Early Intervention

Culturally Competent, Family-Centered Care

- Every family is unique.
- Honors the diversity of families.
- The family is the expert on the child and the constant in the child's life.
- Families are equal team members and the final decision makers.

Natural Learning Environments

- Opportunities for learning occur as part of typical life activities both routine and spontaneous.
- The professional's role is to assist care providers to support or increase the child's participation in existing or desired activities.
- Focus is on activities and locations that are interesting and important to the child and family.

Functional Outcomes & Meaningful Activities

- Supports are designed to achieve outcomes that make a meaningful difference in the life of the child and family.
- Supports occur within and are a part of everyday life.
- Intervention is based on scientific research and analysis.

APPENDIX G — Talking Points**Talking Points-Working Version**

Statement: Parents make the final decision on what services are provided including the intensity and frequency.

Response: An IFSP team, which includes the parents, make all decisions. Each team member has an equal voice in determining the appropriate level of services. Parents are one member of this IFSP team.

Statement: Early Intervention does not provide therapy services.

Response: Early Intervention does provide therapy services; examples of those therapies include speech and language services, occupational and physical therapies. Therapists are active IFSP team members and use their expertise and resources to support the parents/families in promoting their child's learning.

Statement: Early Intervention services should use a medical model in providing services.

Response: Research and best practices no longer promote a medical model but utilize and approach which supports increasing family's capacity to promote their child's development. Early intervention services and support should not be restricted to a therapy session but promote the child's development across a variety of learning opportunities in a child's day.

Statement: The primary service provider model is used to reduce therapy services.

Response: The primary service provider is used to identify a lead contact person to coordinate the provision of specialized instruction. This approach does include services by therapists when determined necessary by the IFSP team.

Statement: Early Intervention has an incomplete data system.

Response: The child data system was expanded and released in December 2003 and is now in full operation. This child data system was recently reviewed by federal staff from the U.S. Department of Education, Office of Special Education Programs, and one of these officials described the system as "nifty."

Statement: Children should receive a comprehensive evaluation under Part C, IDEA.

Response: It was not Congressional intent that every child receive an evaluation under Part C, IDEA system, but those children potentially eligible. Under the procedures established by Early Intervention, Nevada's system does allow a parent to request a Part C, IDEA evaluation, even if the child passes a screening.

Statement: Family Specialists are not qualified to do parent intakes.

Response: Family Specialists work under the supervision of a licensed professional. Family Specialists can assist in providing service coordination under the supervision of a licensed social worker or developmental specialist. The use of paraprofessionals is promoted in IDEA 2004.

APPENDIX G — Talking Points

Statement: If a parent receives community-based services, then Early Intervention is relieved of its fiscal responsibility.

Response: Appropriate services to enhance the child's development must be defined on the IFSP and be provided at no cost to the parents. Early Intervention is responsible for services designated on the IFSP. Early Intervention is also responsible for co-payments to community-based providers if those appropriate services are recorded on the IFSP and parents have given consent for the use of insurance.

Statement: Every child should receive therapy multiple times in a week.

Response: What is important is not the number of therapy sessions but how the intervention strategies are embedded into the child's daily activities and routines. Research shows that learning opportunities facilitated within the context of the family has a greater impact on child progress than the number of intervention sessions. The intensity and frequency of services needs to be based on the amount of support the family needs. Learning is what happens between intervention sessions through play and practice.

Parent Question: How long will I wait for services?

Response: As a member of the early intervention team, explain to families what the process for early intervention is from the first contact with families through the implementation of intervention services. Families should be informed that a service coordinator will assist the family with all of the services activities that will happen from that point forward. The family should be reminded that we are required to evaluate and assess their child to determine eligibility, to work with the family on identifying the family's needs, concerns and priorities and to help prioritize goals (outcomes). The next step is to develop the IFSP, and through that process, the team will identify what we, including the family, want to work on and how to achieve the goals. After the IFSP is developed, then the plan is reviewed with the team to determine who is available and the appropriate persons to work with the child and family. The services will be implemented no later than 30 days after the development of the IFSP. Note: families need to be reminded that they are in the early intervention system and working through the eligibility and IFSP development process.

Parent Question: How soon will specific services begin, Anticipated Start Date?

Response: Services are implemented no later than 30 days after being identified on the IFSP. Each IFSP must have the projected start date for each service as a part of the Services and Supports page. Please review the above response. Again, at the point of IFSP development, the family needs to be advised of what the process will be in order to determine who the appropriate persons are to carry out the IFSP. Remind the family that you work with a team of professionals, and now the IFSP plan will be reviewed by the members of the early intervention team to evaluate staff availability and appropriateness. Remind the family that the service coordinator will be working with the family on any service coordination concerns and family outcomes that are on the IFSP. The service coordinator will be advising the family of who their team members are and when the services will begin. This is part of the process.

APPENDIX G — Talking Points

Statement: What is the difference between the Dedicated Service Coordinator and the Developmental Specialist- Interventionist?

Response: The Dedicated Service Coordinator provides the support and coordination for eligibility and initial IFSP development. The initial IFSP will state the role of the Service Coordinator. This could include assisting the family with acquiring financial assistance, community services, enrollment in a group sponsored in part by Early Intervention- such as Family to Family, Parks and Recreation, information, parent support, consultations, etc. Frequency and intensity would be individualized.

The Developmental Specialist- Interventionist provides ongoing instruction to the family on strategies for working with their child in their daily routines. They demonstrate and model techniques developed by the IFSP team members for the family. They bring in consultants as needed to update strategies. Frequency and intensity would be individualized but at a minimum, two visits per month.

The Dedicated Service Coordinator may continue as a member on the team once an Interventionist is involved. The Developmental Specialist- Interventionist may also assume the responsibility of service coordination. Those decisions would be made on a case to case basis.

Statement: How is the frequency and intensity decided for service coordination?

Response: Frequency and intensity for services and supports is decided by the team. It is individualized and based on individual outcomes listed on the IFSP. Service Coordination is not a required service on the IFSP that must identify frequency and intensity, it would be individually determined based on how much support the family needs. Service Coordination can include providing information, telephone calls, coordinating referrals to other programs, etc. It does not always require face to face interaction. At times families may need more intensive service coordination than at others.

Statement: What is the role of the Family Specialist on the team?

Response: The Family Specialist offers a unique perspective on the entry team. As a parent of a child with special needs, they can provide to the parent entering into the program valuable parent-to-parent support. The Family Specialists have a wealth of knowledge about community resources, agencies, support groups, etc. The Family Specialist is in the position to help the family feel at ease with the evaluation process, to help the family feel on the same “playing” level as the other team members and to serve as a model for the family that early intervention strongly endorses “family-centered practices.”

Statement: What is the role of the Public Service Intern on the entry team (especially with the Spanish-speaking families)?

Response: The Public Service Intern is a staff person who is completing their educational degree in the field of early childhood special education or a related field. Under the direct supervision of a Developmental Specialist, the Public Service Intern may carry out service coordination or intervention. In the case of Spanish- speaking families, a Public Service Intern who speaks Spanish may be assigned under the direction of the Dedicated Service Coordinator to provide intervention. Public Service Interns would most likely not serve on an entry team, but would assist in providing ongoing services.

APPENDIX G — Talking Points

Statement: I only want physical therapy for my child. I don't need to have a developmental specialist assigned to my child's case.

Response: Early Intervention provides services to eligible children birth to three under the regulations of IDEA (Individuals with Disabilities Education Act). This law is administered by the US Department of Education. This means that services are educational rather than medical. The law clearly defines that a service coordinator must be assigned within five days of referral. Developmental Specialists, who have degrees in Early Childhood Special Education or a related field, are the professionals in our program who provide service coordination and early intervention. Their education and training enable them to carry out the strategies on the IFSP. Therapists consult with the Developmental Specialists and families regarding strategies to reach outcomes. Therapists also model strategies for families to learn to use with their child during his/her daily routines. Developmental Specialists also learn these strategies and can reinforce them with the child and family during their home visit with the family. If the IFSP team determined that physical therapy is necessary, a therapist will provide services through the coordination of the Developmental Specialist.

APPENDIX H — Family Educational Rights and Privacy Act (FERPA) TIPS**Access and Review — Rights and Procedures****Parental Rights****TIP #1 Early Intervention can't refuse parental inspection requests**

FERPA contains no explicit limitations on the rights of parents to review and inspect their child's early intervention record. Even in instances where the program rightly believes the requests are repetitive or duplicative of past inquiries, it does not have the discretion to deny them.

Tip #2 Non-custodial parents retain rights to inspect, review records

The regulations under FERPA squarely confront the possibility that a child's parents may be or become, divorced. Under 34 CFR 99.4, the program must give full FERPA rights to both parents unless it has been provided with evidence that there is a court order, state law, or legally binding document (such as divorce, separation or custody decree) that specifically revokes those rights.

Tip #3 Right to review and inspect stops with parents

The right to review and inspect a child's early intervention record under FERPA is personal, in the sense that the Act does not require the program to allow parents to assign or delegate their rights to a representative, whether that individual is an attorney, parent advocate, friend, or relative. *Letter to Longest*, IDELR 173 (EHLR 213:173) (OSEP 1998). When describing record access rights, the FERPA regulation at 34 CFR 99.10, refers only to parents and eligible students (children) making no mention of representatives.

However, neither the statute nor the regulations appear to prevent programs from choosing to allow a representative's review, either as a general matter or in particular circumstances, assuming the parents document their consent, and the representative agrees not to divulge any of the personally identifiable information contained in the records.

Review Procedures**Tip #4 Copy fees**

The Health Division has determined that families will not be charged a copy fee to access their child's record. However, other entities e.g. attorneys, advocacy organizations will be charged the fee designated by the Division.

Tip #5 Create policy to respond to review requests

When parents ask the district to review their child's record, FERPA provides some cursory guidance. Comply with the request within no more than 45 days. Make sure the parents do not have access to information about other children. Do not destroy any records while review is pending. Respond to reasonable requests for explanations about the content of the records. Provide copies when in-person review isn't feasible. 34 CFR 99.10

Tip #6 Program may set time, place for record review

Provided a program does not impose unreasonable demands on parents who have requested review of their child's records, it generally has discretion to establish when and where the record inspection will take place. However, it is advisable that programs work with parents to establish mutually convenient times, dates and locations.

APPENDIX H— FERPA Tips**Tip #7 Officials may be present during parental record inspection**

There is nothing in FERPA that would prohibit a program from establishing a policy requiring parents to inspect records in the presence of one or more program officials. In fact, many state laws and local regulations require such a policy. Even if there are no applicable rules on the issue, programs should consider designating an official to accompany the parents at their inspection to answer any questions they might have and help safeguard the integrity of the child's records.

TIP #8 Programs must document requests for records

Under FERPA, programs are required to create and maintain records of "each request for access to and each disclosure of personally identifiable information from the child's records." 34 CFR 99.32(a). The list must be kept with the child's records for so long as they are maintained. Therefore, the "access log" itself becomes a part of the child's record and is subject to parental review and inspection.

For each request or disclosure, FERPA regulations require programs to note the names of the parties who requested or received personally identifiable information, and to document the "legitimate interests" the parties had in requesting or obtaining the information. This rule does not apply to parents.

Amendment of Records**Tip #9 Parents can compel changes to misleading, inaccurate records**

Parents have specific rights under FERPA and, by reference, the IDEA to seek amendment of their child's educational records.

Any parent who believes the records contain information that is "inaccurate, misleading or in violation of the child's right of privacy" may ask the program to make the appropriate corrections. However, programs possess substantial discretion to determine whether the amendments request meeting with FERPA's guidelines. The regulations merely require them to decide whether to amend the record within a reasonable time after receiving the parental request. 34 CFR 99.20(b); 34 CFR 300.567(b). If the parents disagree with the program's decision, they can request an impartial hearing to decide the issue.

Tip #10 Parents may ask for hearing to challenge amendment refusal

FERPA grants parents the right to request that the program amend their child's records when see #9 above. Following the review of the request, if the program decides no revision to the records is warranted, it must inform the parents that their request has been denied and also tell them they have the right to a hearing to challenge the decision.

If the parents ask for the hearing, FERPA regulations at 34 CFR 99.22 create several minimum guidelines for its conduct:

- The hearing must be held within a "reasonable time" after the program receives the request.
- The program must provide the parents notice of the date, time and place, reasonably in advance of the hearing.
- The hearing may be conducted by an individual, including a program official, who does not have a "direct interest" in its outcome.

APPENDIX H— FERPA Tips

- The program must offer the parents a full and fair opportunity to present evidence.
- If they choose, the parents may be assisted or represented by one or more individuals, including their attorney.
- The program must make its decision in writing within a reasonable time after the hearing.
- The decision must be based solely on the evidence presented at the hearing and must include a summary of the evidence and the reasons for the decisions.

If as a result of the hearing, the program decides the child's records require revision, it must amend them and inform the parents of the amendment in writing. If, however, the program determines that records need not be changed, FERPA requires it to advise the parents of their right to place a statement in the record commenting on the contested information and/or an explanation of why they disagree with the program's decision. 34 CFR 99.21(b).

Disclosure of Records**Tip #11: Programs are not responsible for third party's improper disclosure**

Parties to whom personally identifiable information is disclosed must agree not to re-disclose the information to other parties without first obtaining parents' consent. Programs are required to inform the third parties about their obligation to obtain consent from the parents before any redisclosure but are not obligated to investigate whether the other parties actually adhere to the restriction. There are no explicit sanctions against a program when a third party improperly rediscloses personally identifiable information.

Tip #12: 'Memory joggers' sidestep disclosure rules

'Sole possession' records or 'memory joggers' are excluded from FERPA's definition of education records, which means that there is no automatic parental right of review and inspect. In order to qualify as a sole possession record, the document must meet the following conditions:

- The document must be made by instructional, supervisory or administrative personnel to the person about whom the document concerns.
- The document must be kept in the possession of its author.
- The document must not be accessible or revealed to any other person.

In the program, this would be considered the 'soft file.' If the file or document was left in a location where other people could read it, the document would fall under FERPA guidelines.

Tip#13: No consent required to disclose directory information

Programs may release "directory information" without parental consent, provided they meet certain conditions. Directory information includes, but is not limited to: student's name, address, telephone listing and date and place of birth. Regulations allow programs to add to this list as long as the information is such that it would not generally be considered harmful or an invasion of privacy if disclosed. However, in order to disclose information, the program must provide public notice to parents of the following:

- Types of personally identifiable information it has designated as directory information.

APPENDIX H— FERPA Tips

- The parent's right to refuse to let the program designate any or all of those types of information about the child as directory information.

The period of time within which the parent has to notify the program in writing that he/she does not want any or all of those types of information about the child designated as directory information.

Tip #14: School board members have conditional access rights

Under FERPA's regulations, disclosure of information contained in a child's record may be made without prior parental consent, to "program officials ...who have been determined by the program to have legitimate educational interests" in the records.

Tip #15: Subpoenas, court orders trump disclosure ban

FERPA allows the disclosure of personally identifiable information pursuant to a judicial order or lawfully issued subpoena, provided the program makes a reasonable effort to notify the parent of the order or subpoena in advance of compliance so a parent can seek protective action.

Tip #15: Transfer of records doesn't require prior consent

Prior parental consent is not required before a program may transfer or disclose education records to officials of another school, school system or institution. While the program does not have to obtain consent, the program must provide the parents with notice of actions, a copy of disclosed records and an opportunity to challenge the records. State and local regulations and policies might impose stricter obligations.

APPENDIX I— Procedural Safeguards Technical Assistance**PROCEDURAL SAFEGUARDS
TECHNICAL ASSISTANCE**

It is important that Family Specialist and Service Coordinators explain parent's rights to families to help guide them through early intervention services. Reviewing these rights help explain the steps ahead and the services and supports available to help meet the family's needs. When parents are aware of their rights it allows them to make informed decisions for their family. During the family's involvement with early intervention services, service coordinators should encourage the family to keep their Parent Handbook with all of their children's other important documents so that when they have a question, they can easily refer to it.

Various sections of the Parent Handbook should be reviewed with the family at different decision making junctures as follows:

Screening-

- **Family's Right to Written Consent-** The family must be informed before evaluations or services are provided, the family must agree to services in writing. Parents determine whether they, their child, or other family members will accept or decline any early intervention service.
 - > If an individual screen is being conducted, signed consent should be obtained.
- **Family's Right to have their Child Evaluated to Determine Eligibility for Services-**
 - > Prior Written Notice (PWN) must be given if the determination is made, based on the screening results, that the child (**is or is not**) suspected of having a disability and evaluation (**is or is not needed**). PWN must indicate that the program (**will or will not**) move forward with a full evaluation.
 - > If the parent disagrees with the screening results, they can still ask for and receive an evaluation.

Intake/Eligibility-

- **Family's Right to Notice to Participate-** The family must be notified by being provided with a Prior Written Notice in a reasonable amount of time before meeting so that the family can plan for it. All meetings must be held at a time and place that is convenient for the family.
- **Family's Right to Written Consent-** The family must be informed before evaluations or services are provided, the family must agree to services in writing.
- **Family's Right to have their Child Evaluated to Determine Eligibility for Services-** The family has the right to have their child evaluated to determine if the child is eligible for early intervention services within 45-days.

Child Eligible for Services-

- **Family's Right to Notice to Participate-** The family must be notified by being provided with a Prior Written Notice in a reasonable amount of time whenever there is a proposal to initiate, review or change the IFSP.
 - > PWN must be provided to the family, indicating that the child is eligible for early intervention services and the program is moving forward with developing a family plan.
- **Family's Right to an IFSP within 45-days-** Within 45 days of referral, and if eligible for services, the family has the right to a written plan for services.

APPENDIX I— Procedural Safeguards Technical Assistance***Child not Eligible for Services-***

- **Family's Right to Notice to Participate-** The family must be notified by being provided with a Prior Written Notice regarding the status of their child's eligibility determination.
 - > PWN must be provided to the family, indicating that the child is not eligible for early intervention services and the program will not be moving forward with developing a family plan.
- **Family's Right to Disagree-** The family has the right to disagree with recommendations being made by the IFSP team or if they feel that they are not receiving services that they are entitled to. The family should be made aware of the three procedures that they can follow: filing a complaint, request mediation and/or request a due process hearing.
 - > Service coordinators must be very familiar with this process in order to explain it to families.

Initial IFSP-

The entire Parent Handbook must be reviewed with the family when they first enter into early intervention services and they must be provided with a copy of the handbook as well. This handbook is a guide that welcomes them to early intervention. It explains what early intervention services are, what rights they have, what the next steps are if their child has been found eligible, and it explains the services and supports that are available to help meet their child and family's needs.

Program Refuses Services-

- **Family's Right to Notice to Participate-** The family must be notified by being provided with a Prior Written Notice in a reasonable amount of time whenever there is a proposal to review or change the IFSP.
 - > PWN must be provided to the family indicating that the IFSP team has made a decision not to provide a service and the explanation must be provided.
- **Family's Right to Disagree-** The family has the right to disagree with recommendations being made by the IFSP team or if they feel that they are not receiving services that they are entitled to. The family should be made aware of the three procedures that they can follow: filing a complaint, requesting mediation and/ or requesting due process. Whenever there is a disagreement the parent should be encouraged to talk with the service coordinator, supervisor and/or the program manager to try to resolve the issue. If the parent feels that the issue still has not been resolved they should contact Nevada of Bureau Early Intervention Services.
 - > Whenever there is a disagreement, the parent should be encouraged to talk with the service coordinator, supervisor and/or the program manager to try to resolve the issue. If the parent feels that the issue still has not been resolved they should contact Nevada Bureau of Early Intervention Services.
(If the family's complaint goes into investigation; any services the child receives will continue unless otherwise agreed upon by all parties. If the complaint has to do with initial services, any services not in dispute must begin as soon as possible)
 - > The family or program can request mediation. Mediation has to be agreed upon by both parties.

APPENDIX I— Procedural Safeguards Technical Assistance***6-Month Review-***

- **Family's Right to Notice to Participate-** The family must be notified by being provided with a Prior Written Notice in a reasonable amount of time whenever there is a proposal to review or change the IFSP.
- **Family's Right to Written Consent-** The family must be informed before evaluations or services are provided, the family must agree to services in writing.
- **Family's Right to Disagree-** The family has the right to disagree with recommendations being made by the IFSP team or if they feel that they are not receiving services that they are entitled to.
- **Family's Right to Confidentiality-** The family must give permission to allow the program to request information from or share information with other agencies, service providers, or professionals.
 - > If the family has an open case with Department of Children and Family Services (DCFS) or Department of Family Services (DFS), parental consent is not required in order to share information with the Social Worker.
- **Family's Right to Examine Records-** The family has the right to review their child's record concerning early intervention services at anytime. The family also has the right to request a copy of their child's record. The family must be informed that their child's record will be kept at least six years after the family has left the program.
 - > If the family requests to see their child's record, the program must honor this request as soon as possible and not more than seven days after the request has been made.
 - > If the parent doesn't agree with something in the record, then the family has the right to ask for it to be changed.
 - > The parent's statement regarding the information that they disagree with must be included in the child's record. The program must decide whether the information that the parent disagrees with will remain in the child's record or if it will be changed.

Other Reviews-

- **Family's Right to Notice to Participate-** The family must be notified by being provided with a Prior Written Notice in a reasonable amount of time whenever there is a proposal to review or change the IFSP.
- **Family's Right to Written Consent-** The family must be informed before evaluations or services are provided, the family must agree to services in writing.
- **Family's Right to Disagree-** The family has the right to disagree with recommendations being made by the IFSP team or if they feel that they are not receiving services that they are entitled to.
- **Family's Right to Confidentiality-** The family must give permission to allow the program to request information from or share information with other agencies, service providers, or professionals.
- **Family's Right to Examine Records-** The family has the right to review their child's record concerning early intervention services. The family also has the right to request a copy of their child's record. The family must be informed that their child's record will be kept at least six years after the family has left the program.

APPENDIX I— Procedural Safeguards Technical Assistance*Annual Review-*

The entire Parent Handbook should be reviewed with the family as a refresher now that they have been receiving early intervention services for one year (or longer). A lot of the information that you have been discussing with the family will begin to tie into what they have experienced while in the program. The family may begin to have a lot more questions.

Transition-

- **Family's Right to Notice to Participate-** The family must be notified by being provided with a Prior Written Notice in a reasonable amount of time whenever there is a proposal to review or change the IFSP.
- **Family's Right to Written Consent-** The family must be informed before evaluations or services are provided, the family must agree to services in writing.
- **Family's Right to Confidentiality** - The family must give permission to allow the program to request information from or share information with other agencies, service providers, or professionals (i.e., School Districts)
- **Family's Right to Examine Records-** The family has the right to review their child's record concerning early intervention services. The family also has the right to request a copy of their child's record. The family must be informed that their child's record will be kept at least six years after the family has left the program.

Exit-

- **Family's Right to Notice to Participate-** The family must be notified by being provided with a Prior Written Notice in a reasonable amount of time whenever there is a proposal to review or change the IFSP.
 - > When a child is exiting from early intervention at age 3 or anytime prior to, the service coordinator must provide the family with a PWN indicating the child is leaving early intervention services.
- **Family's Right to Examine Records-** The family has the right to review their child's record concerning early intervention services. The family also has the right to request a copy of their child's record. The family must be informed that their child's record will be kept at least six years after the family has left the program.

THINGS TO REMEMBER:

- **Parent's can accept or decline services. When one service is declined, it does not jeopardize others. The parent/guardian should sign the Declining Early Intervention Services form (See Appendix T in the Service Coordination Effective Practices Guidelines).**
- **If the family has the parent handbook and indicates that they have it, service coordinators do not need to provide another copy. However, you do need to pull out your copy and show the parent in the handbook where the information can be found.**
- **At each decision making juncture, the Prior Written Notice and the areas of the Parent Handbook that relates to the action that is taking place at the IFSP meeting must be provided and reviewed with the family. The service coordinator is responsible for documenting in the child's progress note that these documents were provided and reviewed.**

APPENDIX J— Family Resources

Family Resources in Nevada

Project ASSIST

Project ASSIST is Nevada's central directory for anyone seeking information about organizations, programs or agencies that may provide services and supports for children and young adults up to 21 years with disabilities, and their families.

Monday through Friday, 7:30 a.m. to 4:00 p.m., telephone calls are answered or a 24-hour voice mail records your call, which will be returned generally within two working days. A packet of information is then mailed to you, at no cost to you.

1-800-522-0066

www.health2k.state.nv.us/BEIS

Nevada P.E.P. (Parents Encouraging Parents)

Nevada P.E.P. is the Parent Training & Information Center for the state. It provides family focused, community based support services for families of children with disabilities. PEP provides information and referrals, training workshops, "TIPS" information articles, public awareness, resource library, individual assistance to families, and a community specialist network.

Statewide: 1-800-216-5188

Email: pepinfo@nvpep.org

www.nvpep.org

Nevada Disability Advocacy & Law Center (NDALC)

Nevada Disability Advocacy and Law Center (NDALC) is Nevada's federally mandated protection and advocacy system for the human, legal, and service rights for individuals with disabilities.

NDALC was designated as Nevada's protection and advocacy system by the governor in March 1995. NDALC is a private nonprofit organization to protect and advocate for the human and legal rights, interests, and welfare of Nevadans with disabilities.

NDALC will advocate to ensure that children with developmental disabilities obtain appropriate and timely early intervention services and transition services. NDALC will only provide

APPENDIX J— Family Resources

direct representation at IFSP meetings in select cases.

1-800-992-5715 (Northern Nevada)

1-888-349-3843 (Southern Nevada)

www.ndalc.org

**Family TIES of Nevada
(Training, Information &
Emotional Support)**

We are a statewide network of families affected by disabilities and/or special health care needs.

We connect families with other families who have had similar experiences.

We provide information about local resources, updates of events, conferences, and training.

We work at state and grassroots levels to positively shape health care policies in Nevada.

We offer support, information and leadership/advocacy training to help parents & self-advocates make better choices.

We provide *“one place for families in Nevada touched by disability or special healthcare conditions to become empowered to create visions for independent lives.”*

Statewide: 1-866-326-8437

Email: info@familytiesnv.org

www.familytiesnv.org

Family to Family Connection

Family to Family Connection provides information, parenting classes and support to all Nevada families who have an infant, birth to age forty-eight (48) months. Services are provided at New Baby Center Sites throughout Nevada. Home and hospital visits are also provided. Most services are free to parents of young children some programs do charge nominal fees; these are done on a sliding fee schedule.

Family to Family Connection provides information on child safety, health, nutrition, infant CPR, how to deal with colicky babies, identifying and selecting quality childcare programs and other information on providing the best environment possible during the first crucial years of a child's development. The program also assists families in developing support networks with other parents and provides a link with other community

APPENDIX J— Family Resources

support agencies when there are other needs in the family. Providing this support to new families not only provides for a safer more nurturing environment for the child, but also provides important information to parents.

775-684-3471 Northern Nevada

702-486-3530 Southern Nevada

www.hr.state.nv.us/directors/famtofam/famtofam.htm

Family Resource Centers (FRCs)

There are 18 service areas that reach communities throughout Nevada. The Family Resource Centers provide information, referrals, and case management. The case managers help families navigate through the social services systems that can sometimes be confusing and daunting.

775-684-3471 Northern Nevada

702-486-3527 Southern Nevada

www.hr.state.nv.us/directors/famresource/famreshome.htm

CSHCN Program

The **Children's Special Health Care Needs** Program assists in helping families identify medical conditions in their children such as PKU, galactosemia, maple syrup urine disease, etc. They also provide financial assistance for treatment to children who have been diagnosed with some severe, chronic or disabling disorders, including but not limited to:

- Central Nervous System defects
- Cleft Palate and Craniofacial Conditions
- Convulsive disorders
- Cystic Fibrosis
- Eye conditions leading to loss of vision
- Heart Disease
- Hearing loss
- Metabolic and Endocrine disorders
- Diabetes* Hypothyroidism* and PKU
- Orthopedic (bone) conditions

APPENDIX J— Family Resources

- Reconstructive Surgery for defects
- Respiratory system anomalies

Toll Free Phone: 1-866-254-3964

www.health2k.state.nv.us/cshcn/

Women, Infants and Children (WIC)

WIC is a federally funded program operated by the Nevada State Health Division to improve the health of Nevada residents. WIC provides nutritious foods and education for pregnant or recently pregnant women, infant or children up to the age of 5 years old.

Many working families, including military families, meet WIC income guidelines. These guidelines are much higher than for welfare programs. There are many WIC clinics throughout Nevada. You may call to apply for appointment to determine eligibility.

WIC Toll Free Phone: 1-800-863-8942

Nevada 2-1-1

Nevada 2-1-1 helps people find and give help. From basic needs to any health and human service program, a visit to their website or one call to Nevada 2-1-1 offers access to:

- Basic human services
- Physical and mental health resources
- Employment support services
- Programs for children, youth and families
- Support for seniors and persons with disabilities
- Volunteer opportunities and donations
- Support for community crisis or disaster recovery

www.nevada211.org

APPENDIX K—Katie Beckett, Medicaid, Nevada Check Up, SSI

STATE OF NEVADA, HEALTH DIVISION

Service Coordination Effective Practice
Guidelines**The Katie Beckett Eligibility Option**

Under 134 of the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), States are allowed to make Medicaid benefits available to eligible children with disabilities who would not ordinarily qualify for Supplemental Security Income (SSI) benefits because of parents' income or resources.

The "Katie Beckett Eligibility Option" is an optional Medicaid eligibility category ***which allows a State to waive parental income and resources*** for any child under 19 years old who is disabled and requires a level of care that would make the child eligible for placement in a hospital, nursing facility, or Intermediate Care Facility for the Mentally Retarded (ICF/MR).

If a child qualifies for Medicaid under the Katie Beckett Eligibility Option, Medicaid covers medically necessary services as defined under the Medicaid State Plan.

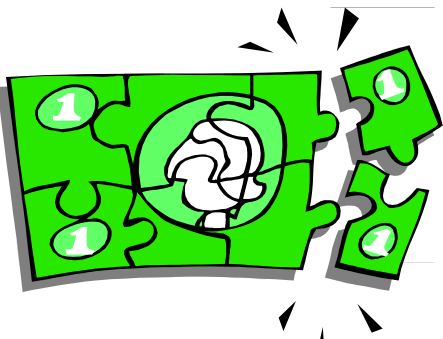
There is a monetary limit to the Medicaid medical coverage costs. The cost of the child's care in the home must be no greater than the amount Medicaid would pay if the child was institutionalized.

Applications for Medicaid under the Katie Beckett Eligibility Option are made through the Division of Welfare and Supportive Services (the phone numbers are listed on the back of this sheet.) Be sure you take school and medical records, verification of income for you and your child, and some verification of the severity of your child's disability to your appointment. Your early intervention service coordinator or eligibility caseworker can assist you in locating these items if you need help.

What is my cost?

There may be a parental financial responsibility based on the parent's income and resources for those children qualifying under the Katie Beckett Eligibility Option. The amount of money that the parents would be required to pay is determined by the Division of Welfare and Supportive Services and is based on a sliding fee schedule.

How to apply:

- 
- Apply for SSI for the child with the Social Security Administration (SSA)
 - Apply for Medicaid for the child with the Division of Welfare and Supportive Services by filling out the Medical Assistance for the Aged, Blind, and Disabled (MAABD) application. Advise the caseworker that you are applying for the Katie Beckett Eligibility Option
 - When completing these applications, fill out the applications as if the child is applying him/herself for SSI and Medicaid
 - **Do not leave any questions unanswered**, as unanswered questions delay actions on applications. If necessary, print N/A

If you have questions about ANY of these programs or services, ask your service coordinator to assist you.

APPENDIX K—Katie Beckett, Medicaid, Nevada Check Up, SSI

Your Service Coordinator May Help You Access The Katie Beckett Eligibility Option

Criteria for the Katie Beckett Eligibility Option:

- The child must be disabled based on Social Security Disability Standards, but not qualify for SSI due to the income or resources of the parent(s).
- The child must require a level of care that is provided in a hospital, nursing facility, or Intermediate Care Facility for the Mentally Retarded
- A physician must validate that it is safe and appropriate for the child to receive necessary services in the home

If the child is denied Medicaid under the Katie Beckett Eligibility Option, call your local community resource numbers listed on this page to get information about other programs and or services that might be available for the child.

Community Resource Numbers

Carson City	(775) 684-0800
Elko	(775) 753-1233
Ely	(775) 289-1650
Fallon	(775) 423-3161
Hawthorne	(775) 945-3602
Henderson	(702) 486-5000
Las Vegas - Belrose	(702) 486-1675
Las Vegas - Cambridge	(702) 486-8770
Las Vegas - Cannon/DI Center	(702) 486-8504
Las Vegas - Owens	(702) 486-1800
Las Vegas - S. Professional Dev. Ctr.	(702) 486-1401
Pahrump	(775) 751-7400
Reno - North Professional Dev. Ctr.	(775) 448-5238
Reno District	(775) 684-7200
Winnemucca	(775) 623-6557
Yerington	(775) 463-3028

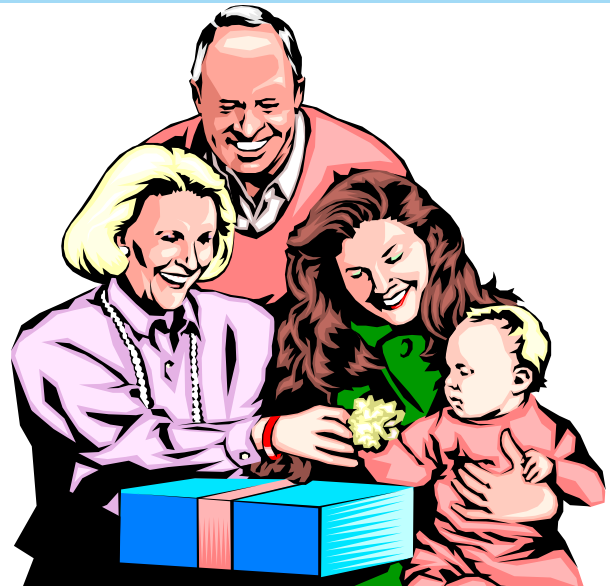
SERVICE COORDINATOR #: _____

NAME: _____

Nevada Early Intervention Services
3427 Goni Road, Suite 108
Carson City, NV 89706
Phone: 775-684-3460
Fax: 775-684-3486
www.health.nv.gov

Project ASSIST
Toll Free: 1-800-522-0066

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APPENDIX K—Katie Beckett, Medicaid, Nevada Check Up, SSI

STATE OF NEVADA, HEALTH DIVISION

Service Coordination Effective Practice Guidelines

Medicaid is a health care program for people with low incomes and limited assets. The Nevada Department of Human Resources offers medical coverage through a number of programs for individuals and families. Some of this coverage is at no cost to families and some requires a small fee. The services provided may include hospital services, doctor visits, prescriptions, dental care, eye exams and glasses, therapies, and etc.

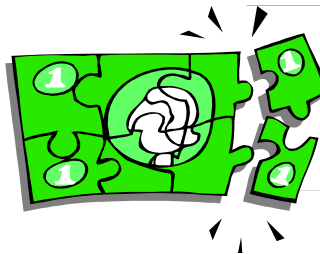
Some of the ways a family can receive Medicaid benefits include:

- Medicaid coverage for persons who qualify to receive cash assistance (Temporary Aid to Needy Families — TANF). Families may choose to receive medical benefits only.
- Medicaid coverage for persons who cannot receive TANF or assistance through *Nevada Check Up* due to income from an individual who is not their parent or spouse.
- Emergency medical assistance on a month to month basis for all illegal or other non-citizens not covered in other eligible categories. These applicants must meet TANF or CHAP (Child Health Assurance Program) requirements except for citizenship.
- Medicaid may be provided for the first year of life for any newborn of a Medicaid eligible pregnant woman, regardless of income changes.
- TANF medical coverage is available up to three (3) months prior to the TANF application if the child and family received medical services during this time. Eligibility is determined on a month-by-month basis.
- Medical assistance when TANF ends is available as follows:
 - Medicaid assistance continues for up to twelve (12) months for households which become ineligible for TANF assistance due to increased earned income of the caretaker.
 - Medicaid assistance continues for up to

four (4) months for households which become ineligible for TANF assistance due to child support collected through the agency.

For more information ask your service coordinator or call the local community resource number on the back of this sheet.

Nevada Check Up is a State Children's Health Insurance Program that provides affordable, comprehensive health care coverage to uninsured children of low-income families who are not covered by private insurance or Medicaid. The goal of *Nevada Check Up* is to provide preventive and comprehensive health care coverage for Nevada's uninsured children whose family income is too high for them to qualify for Medicaid.



Medical Assistance for the Aged, Blind and Disabled (MAABD) is a medical services only program. A person can qualify by being eligible for a public assistance program such as Supplemental Security Income (SSI). Other categories of eligible persons are:

- Disabled children who require medical facility care, but can appropriately be cared for at home (see the Katie Beckett Fact Sheet)
- Aged or physically disabled individuals who require medical facility care, but can appropriately be cared for at home (Home and Community-Based Waivers)
- Certain individuals who have lost SSI eligibility, but would still be eligible if some of their income were disregarded (Public Law Cases)

If you have questions about ANY of these programs or services ask your service coordinator to assist you.

APPENDIX K—Katie Beckett, Medicaid, Nevada Check Up, SSI**Income Guidelines for Medicaid, Nevada Check Up,****Medicaid**

Once determined eligible, Medicaid coverage begins from the date you first apply. It is possible to get coverage for the three months prior to your application date. Ask your service coordinator or Medicaid caseworker about this.

The monthly income guidelines to determine eligibility are based on 100% of the federal poverty guideline if the child is over six years, and 133% of the poverty guideline if the child is under six.

Family Size	Poverty Level	
	100%	133%
2	\$1,069	\$1,422
3	\$1,341	\$1,783
4	\$1,613	\$2,145
5	\$1,884	\$2,506

Child Health Assurance Program (CHAP)

The Child Health Assurance Program (CHAP) provides Medicaid coverage to pregnant women and children under age six, including unborns, with income below 133% of poverty; and to children age six or older with income below 100% of poverty. These children are also eligible for "Healthy Kids" services, a program which provides preventive health care such as immunizations, yearly physicals and referrals for health problems of Medicaid eligible infants, children and **y o u n g a d u l t s**. "Healthy Kids" can provide referrals for developmental, dental, vision and/or

hearing concerns, as well as family counseling needs.

The following table lists some of the current (11/02) CHAP financial guidelines for the 100% and 133% poverty levels based on monthly income.

Family Size	Poverty Level	
	100%	133%
2	\$1,141	\$1,517
3	\$1,431	\$1,903
4	\$1,721	\$2,289
5	\$2,011	\$2,674

Children born to Medicaid eligible pregnant women are eligible for Medicaid for the first year of life regardless of changes in income level of the family. These children are automatically eligible for the "Healthy Kids" program. If your family is eligible for "Healthy Kids," you may also be eligible for WIC, a food supplement program for women and children. Call your local Community Resource number (below) or ask your service coordinator for more information.

Nevada Check Up

The current maximum monthly income to qualify for Nevada Check Up is:

Family Size	Income
2	\$2,282
3	\$2,862
4	\$3,442
5	\$4,022

The program does not require the participants to pay co-payments for any services provided, however, quarterly premiums ranging from \$10 to \$50 are charged, based on family size and income. To apply, the head of the household must complete the one page (two-sided) application and must provide proof of income. You may request an application by calling 1-800-360-6044 or ask your service coordinator to help you.

Nevada Early Intervention Services
3427 Goni Road, Suite 108
Carson City, NV 89706
Phone: 775-684-3460
Fax: 775-684-3486
www.health.nv.gov

Project ASSIST
Toll Free: 1-800-522-0066

Community Resource Numbers

Carson City	(775) 684-0800
Elko	(775) 753-1233
Ely	(775) 289-1650
Fallon	(775) 423-3161
Hawthorne	(775) 945-3602
Henderson	(702) 486-5000
Las Vegas - Belrose	(702) 486-1675
Las Vegas - Cambridge	(702) 486-8770
Las Vegas - Cannon/DI Center	(702) 486-8504
Las Vegas - Owens	(702) 486-1800
Las Vegas - S. Professional Dev. Ctr.	(702) 486-1401
Pahrump	(775) 751-7400
Reno - North Professional Dev. Ctr.	(775) 448-5238
Reno District	(775) 684-7200
Winnemucca	(775) 623-6557
Yerington	(775) 463-3028

SERVICE COORDINATOR #: _____

NAME: _____

APPENDIX K—Katie Beckett, Medicaid, Nevada Check Up, SSI

STATE OF NEVADA, HEALTH DIVISION

Service Coordination Effective Practice Guidelines

Supplemental Security Income benefits (SSI) is a program that pays monthly benefits to families whose children have certain disabling conditions. To qualify, the family must meet the income eligibility limits.

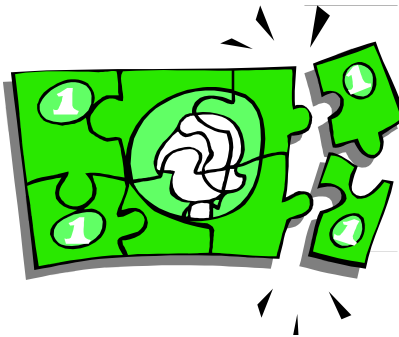
For children living at home under age 18, Social Security considers the parents' income when deciding if a child qualifies. The local Social Security office decides if the parents' income and assets are within the SSI limits. A team at a state office that includes a disability evaluation specialist and a doctor determine if the child meets Social Security's definition of disabled.

The disability evaluation and determination process generally takes several months. However the law allows for people (including children) whose condition is so severe that they are presumed to be disabled to receive SSI benefits for six months while the formal disability decision is being made. Some of the disability categories in which Social Security will presume the child is disabled and make immediate SSI payments include:

- Blindness
- Deafness (in some cases)
- Cerebral Palsy (in some cases)
- Down Syndrome
- Muscular Dystrophy
- HIV infection
-

If social security makes these special payments and later decides that your child's disability is not severe enough to qualify for SSI, the benefits **DO NOT** have to be paid back.

The law says that a child will be considered disabled if he or she has a physical or mental condition (or combination of conditions) that results in "marked and severe functional limitations." The condition must last at least 12 months or be expected to result in the child's death. To determine whether the child's impairment causes "marked and severe functional limitations," the disability evaluation team obtains evidence from a wide variety of sources who have knowledge of your child's condition and how it affects his or her ability to function on a day-to-day basis and over time. These sources may include, but are not limited to, the doctors and other health professionals who treat your child, teachers, counselors, therapists, and social workers.



Most children who qualify for SSI payments will also be eligible for Medicaid, the state program for health care, however this is not automatic and families must apply for Medicaid. The phone numbers for most local Medicaid offices are on the back of this sheet.

For more information or to find the Social Security office nearest you, have your child's social security number available and call toll free: **1-800-772-1213**

TTY Number:

1-800-325-0778

If you have questions about ANY of these programs or services ask your service coordinator to assist you.

APPENDIX K—Katie Beckett, Medicaid, Nevada Check Up, SSI**Your Service Coordinator Can Help**

To apply for SSI benefits for your child, call or visit your local Social Security office. You can find the office nearest you by calling, toll free: **1-800-772-1213** or visit their website at www.ssa.gov. Your early intervention service coordinator can help you with this if you have a problem.

Have your child's birth certificate and social security number available, as well as records showing your child's and family's income and assets. The medical evaluation specialists at Disability Determination Service (DDS) need thorough and detailed medical records to help them decide if your child is disabled. You can speed up this process by providing the medical records or helping Social Security get them. When you apply for benefits, you will be

asked to provide the names, addresses, and telephone numbers of all the doctors, hospitals, clinics, and other specialists your child has seen.

You will also be asked to describe how your child's disability affects his or her ability to function on a day-to-day basis. Therefore, Social Security may ask you to provide the names of early intervention professionals, child care providers, and other family members who might also spend time with your child, such as grandparents, who can share information about your child's abilities and challenges. Your early intervention records might also be helpful and your service coordinator can help you get a copy to take with you to the interview. Be as specific and complete with your answers as

possible. If you do not have all the information, tell the interviewer as much as you know.

Children with Special Health Care Needs (CSHCN)

If a child is disabled and eligible for SSI, they are also referred for health care services under the Children with Special Health Care Needs (CSHCN) program. In Nevada this program is administered by the Division of Health and provides specialized health care services. Even if your child is not eligible for SSI, the CSHCN program may be able to help your child. Your service coordinator can help you contact this program as well.

Please Note: Most of the information on this fact sheet comes from Social Security Administration Publication No. 05-10026.

Nevada Early Intervention Services
3427 Goni Road, Suite 108
Carson City, NV 89706
Phone: 775-684-3460
Fax: 775-684-3486

Project ASSIST
Toll Free: **1-800-522-0066**

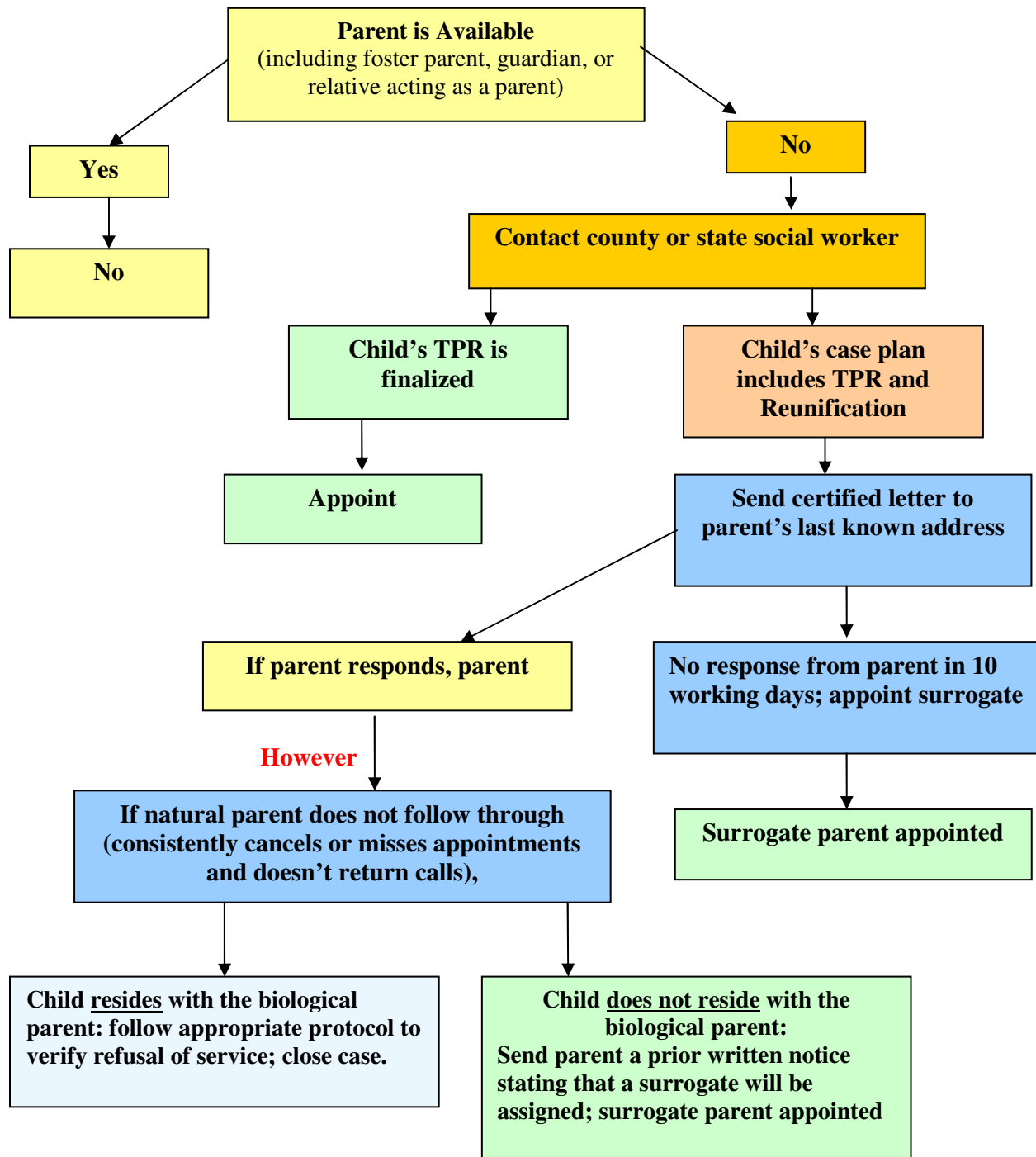
Community Resource Numbers

Carson City	(775) 684-0800
Elko	(775) 753-1233
Ely	(775) 289-1650
Fallon	(775) 423-3161
Hawthorne	(775) 945-3602
Henderson	(702) 486-5000
Las Vegas - Belrose	(702) 486-1675
Las Vegas - Cambridge	(702) 486-8770
Las Vegas - Cannon/DI Center	(702) 486-8504
Las Vegas - Owens	(702) 486-1800
Las Vegas - S. Professional Dev. Ctr.	(702) 486-1401
Pahrump	(775) 751-7400
Reno - North Professional Dev. Ctr.	(775) 448-5238
Reno District	(775) 684-7200
Winnemucca	(775) 623-6557
Yerington	(775) 463-3028

SERVICE COORDINATOR #: _____
NAME: _____

APPENDIX L—Surrogate Parent Appointment Decision Tree

Surrogate Parent Appointment Decision Tree



APPENDIX M—Sample Letter Surrogate Appointment**Sample Letter of Surrogate Appointment
For Early Intervention Programs**

Dear _____,
(Surrogate's Name)

Nevada Early Intervention Services has appointed you to serve as surrogate parent for

(Name of Child)

As a surrogate parent you have agreed to:

Become acquainted with the eligible child, including the disability, individual needs, and the cultural and language background.

Represent the child in all IFSP meetings and other meetings relating to the identification, evaluation, and the provision of early intervention services in a natural environment, and the transition from early intervention to school district services.

Ensure the confidentiality of information and records concerning the child.

Be able to make sufficient time available to carry out the duties of surrogate parent.

Have sufficient knowledge and skills to execute these responsibilities and to seek additional consultation and training as needed.

Notify the Early Intervention Program whenever the surrogate parent has reason to believe that a conflict of interest exists with respect to his or her appointment.

Reviews the Parent Rights Handbook developed by the Bureau of Early Intervention Services and attend training provided by the Bureau of Early Intervention Services.

This appointment will automatically terminate if a guardian is appointed by a court of competent jurisdiction, or if the child no longer requires early intervention. You may terminate this appointment by notifying us in writing that you no longer wish to serve. The appointment automatically terminates on the child's third birthday.

Yours truly,

(Authorized Signature)

Date

APPENDIX N—Sample Surrogate Parent Appointment Termination Letter**Surrogate Parent Appointment Termination I**

SAMPLE ONLY NOT FOR OFFICIAL CORRESPONDENCE

(Termination due to circumstance)

Date

Name

Address

Address

Dear _____:

I would like to thank you for your service as a Surrogate Parent on behalf of _____. As you are aware, Nevada Early Intervention Services is required to appoint a surrogate parent for infants and toddlers who are eligible, or potentially eligible, for services under the Individuals with Disabilities Education Act (IDEA) when no parent is available or when the parent's rights have been terminated by the courts.

In cases where a surrogate has been appointed and the circumstances related to the parental or surrogate situation changes, the service of the appointee is sometimes no longer appropriate. This is to inform you that the follow change has occurred; therefore, effective _____ your service as surrogate parent to _____ is no longer required:

_____ A guardian has been appointed by a court of competent jurisdiction.

_____ The child's parent/s has resumed their responsibilities for oversight of services under IDEA.

_____ The child has exited early intervention services.

_____ You are no longer eligible to serve as a surrogate parent due to employment with an agency responsible for providing services to the child.

Again, on behalf of Nevada's Early Intervention Services, I want to express our appreciation for your dedication and support in acting as surrogate parent to _____. If you have further questions about this process, please contact me at (---) ____ - ____.

Sincerely,

cc:

APPENDIX O—Present Level of Development, Evaluation Summary Report

Child Name: Jane Doe

Assessment Team: Lucy Doe, Lucille Doe

PRESENT LEVELS OF DEVELOPMENTPhysical: how your child sits, walks, grasps objects, and moves fingers to toes.Cognitive: how your child thinks and solves problems.Communication: how he/she listens and understands; how your child lets you know his/her wants and needs, (including using gestures, sounds, and words).Social/Emotional: how he/she acts with other children and adults.Adaptive: how he/she can dress him/herself, brush his/her teeth, drink from a bottle or cup, etc.

Date of Assessment	Assessment Instrument(s)	Chronological/Adjusted Age
2/15/07	IDA/parent report /observation	28 months
Assessment Results Assessment Results Physical (Including Fine & Gross Motor, Vision & Hearing) Fine Motor- 30 months Gross Motor- 30 months No vision or hearing concerns	Strengths Jacob was observed running while pushing a shopping cart. He is reported to stand on one foot briefly while getting dressed. He enjoyed building blocks while playing with cars and putting together the shape formboard.	Needs No concerns
Date of Assessment	Assessment Instrument(s)	Chronological/Adjusted Age
2/15/07	IDA/parent report /observation	28 months
Assessment Results Cognitive 27 months	Strengths Jacob was able to stack 10 blocks to make a tower. He is reported to enjoy pretending that the laundry basket at home is a car. He understands when being asked to do something.	Needs No Concerns

APPENDIX O—Present Level of Development, Evaluation Summary Report

Child Name: Jane Doe

Assessment Team: Lucy Doe, Lucille Doe

Date of Assessment	Assessment Instrument(s)	Chronological/Adjusted Age
2/15/07	IDA/Rosetti/parent report/observation	28 months
Assessment Results Communication (Expressive and Receptive) 21 months	Strengths Jacob enjoys for his parents to sing to him. He was observed to point to the refrigerator when he wanted to eat. He has about 15 words that he uses spontaneously. He combines the words and sign for (milk, drink, more, cookie). He is beginning to make more of an effort to imitate words.	Needs <ul style="list-style-type: none"> • To identify pictures or objects by labeling them. • Continue to imitate sounds and words that he hears. • Begin to put 2 words together spontaneously.
Date of Assessment	Assessment Instrument(s)	Chronological/Adjusted Age
2/15/07	IDA/parent report/observation	28 months
Assessment Results Adaptive (Self-Help) 27 months	Strengths Jacob wants to do things for himself such as putting toothpaste on his toothbrush. He feeds himself with a spoon and fork. When Jacob falls and hurts himself, he recovers very quickly.	Needs No concerns
Date of Assessment	Assessment Instrument(s)	Chronological/Adjusted Age & Results
2/15/07	IDA/parent report/observation	28 months
Assessment Results Social/Emotional 24 months	Strengths Jacob will imitate his mother by trying to wipe up a spill. He also tries to help his mom do the laundry. He is learning to take turns with his sibling.	Needs Parents are concerned with Jacob's emotional expression. He was observed and reported to show aggression and jealousy to other children. <ul style="list-style-type: none"> • Attend a playgroup to increase his interaction with other children. • Continue playing games that encourages him to take turns.

APPENDIX O—Present Level of Development, Evaluation Summary Report**Confidential**

Nevada Early Intervention Services
2667 Enterprise Road
Reno, Nevada 89512

Chart Number: NEW**Child's Name: Jane Doe****Birth Date: 11-12-02****Chronological Age: 17 ½ months****Corrected Age: NA****Examiner(s): Lucy Doe, DSIH & Lucille Doe, CCC-SLP****Evaluation Date: 4-15-04****Caregiver (s): Jane and Mary Doe****SUMMARY OF FINDINGS**

Referral and Background Information: Jane was referred to us by Dr. Bo for speech concerns and overall general delayed development. Parents have little concern for Jane's lack of communication as Jane's 4 year old sister received speech therapy through the Continuum and they feel Jane will just be a late talker, as well.

Observations: Jane is an active 22 month old who loves to climb onto chairs and throw balls. Jane did not imitate, point or gesture. Jane cried and threw herself to the floor when frustrated. Mom is also concerned with Jane's head banging when she is upset. Limited vocalizations were heard.

FINDINGS

Domain	Age Level
Physical-Fine Motor	9-15 months
Physical-Gross Motor	16-19 months
Vision screen	Pass
Hearing screen	Pass
Cognitive	9-15 months
Communication (Expressive & Receptive)	8-11 months
Adaptive (Self Help)	10-13 months
Social/Emotional	8-12 months

Status: Eligible 50% delay in Communication

Name and Title here

Name and Title here

APPENDIX O—Present Level of Development, Evaluation Summary Report

Confidential

The Provence Birth-to-Three Developmental Profile is an assessment tool used to rate skill levels across eight developmental domains for children up to 36 months of age. Each domain is described as either *competent* (skills are well established) or *of concern* (skills typify those expected at a younger age).

ASSESSMENT INSTRUMENTS AND PARTICIPANTS

Lucy Doe, DSIII, Lucille Doe, CCC-SLP, and parent(s) were present. The Provence, along with review of medical records to include vision and hearing screen, parent report, and informed clinical judgment were used in this evaluation.

FINDINGS

GROSS MOTOR DEVELOPMENT: This domain addresses large muscle movement and control.

Competent: 15-19 months

STRENGTH: Jane scored highest in this domain with accomplished skills in the 12 to 15 month range and some emergent skills in the 16 to 19 month range

NEEDS: Encourage Jane to walk sideways and backwards.

NEXT STEPS: Use a small pull toy to facilitate backward walking. Consider all suggestions given by Linda Edgewater, PT.

FINE MOTOR DEVELOPMENT: This domain addresses eye-hand and hand-finger coordination. *Of*

Concern: Scattered skills: 9-15 months

STRENGTH: Jane was able to complete 3 out of 5 of the items on the 9-11 month range and 3 out of 5 items in the 12 to 15 month range. She dropped blocks with voluntary release.

NEEDS: I did not observe her using a neat pincer grasp with a small candy dot, poke with isolated index finger, or put 1 or 2 pegs in a peg board. Jane is now ready to hold crayon to paper.

NEXT STEPS: Encourage Jane to pick up small items by grasping it between the thumb and index finger pads. Tape a piece of paper on the table in front of Jane and put a crayon on the paper with the point facing away from her. Demonstrate drawing with the crayon, then offer the crayon to Jane and encourage her to imitate you. Save empty grated cheese containers and have Jane put short pieces of pipe cleaners inside the holes.

RELATIONSHIP TO INANIMATE OBJECTS (Cognition): This domain addresses the child's interest and ability to learn from toys and other inanimate objects.

Of Concern Scattered skills: 9-15 months.

STRENGTH: Jane completed 3 out of 7 items in the 9-11 month range and 2 out of 4 items in the 12 to 15 month range. She repeatedly found toys when hidden under one cover or behind a solid screen, thus demonstrating object permanence.

NEEDS: Jane is not imitating known movements.

NEXT STEPS: Jane is ready to imitate body actions such as clapping or tapping toys together. Help Jane increase her natural gestures such as clapping, waving bye-bye, and simple hand motions to patty-cake and twinkle-twinkle songs.

APPENDIX O—Present Level of Development, Evaluation Summary Report

COMMUNICATION DEVELOPMENT: This domain addresses how children communicate with others and their understanding of language.

Of Concern: Scatter skills: 8 to 11 months

STRENGTH: He has emergent skills in both the 6 to 8 month and 9 to 11 month ranges.

NEEDS: Joseph just recently began babbling at 22 months, but doesn't use intonation in his babbling.

NEXT STEPS: Use hand over hand to help Joseph learn to point. Give Joseph the names of items he is playing with or eating. Read books to Joseph and point to pictures. At this age level, naming the objects in the book can be more fun than listening to the story. Encourage Joseph to imitate play sounds of the animals and toys in the book. Formal speech evaluation to be scheduled.

ADAPTIVE (Self Help): This domain addresses things that children begin to do on their own.

Of Concern: 10-13 months

STRENGTH: Joseph is eating a variety of finger foods. He also helps with dressing by pushing his arm through his shirt sleeve

NEEDS: Joseph is ready to learn how to feed himself with a spoon.

NEXT STEPS: Give Joseph a spoon to hold while you are feeding him. Help Joseph, using hand over hand to take a few bites with a small spoon, at each meal.

RELATIONSHIP TO PERSONS, EMOTIONS & FEELINGS, and COPING BEHAVIORS:

These domains address how children interact with parents and other people, how children express feelings and emotions, and how children use skills to adapt to their environment and to the demands of their daily life.

Of Concern: Scattered skills: 8 to 12 months

STRENGTH: Joseph enjoys playing with his sister. He also enjoys playing Hide and Seek with his Dad.

NEEDS: Pointing and simple turn taking games.

NEXT STEPS: Joseph enjoys playing hide and seek with his dad. Continue to play this and other games with Joseph. Teach Joseph the hand motions to simple songs. Encourage Joseph to play simple turn taking games such as rolling a ball back and forth to other family members, pushing a car down the slide, and activating a musical or similar toy.

APPENDIX P— COSF Overview**Overview of the
Child Outcomes Summary Form**

The following questions and answers reflect the ECO Center's current thinking on the use of the **Child Outcomes Summary Form (COSF)**. We continue to receive feedback on the COSF and the supporting materials and have made revisions based on that feedback. The previous overview addressed how to calculate the OSEP reporting categories from the COSF, however, that topic is now addressed in a separate document entitled "How Data from the Child Outcomes Summary Form Can Be Used to Address the OSEP Reporting Requirement." Please continue to check the ECO web site for additional revisions.

1. What is the COSF?

The COSF is a 7-point scale for summarizing information related to a child's progress on each of the three child outcome areas required by OSEP. The COSF can be used:

- 1) When the state wants to use multiple sources of information to describe a child's functioning on each of the outcomes. The information could include one or more norm-referenced or curriculum-based assessments, parent report on child's skills and behavior, progress notes of therapists working with the child, observations by a teacher or child care provider, or other sources; and/or
- 2) When different assessments have been given to different children across the state and the results need to be placed on the same scale to be aggregated.

The COSF is **NOT** an assessment instrument. It is a device used for summarizing across multiple sources of information about the child. The COSF will allow states to address the OSEP reporting requirement as well as look at the child outcomes data in other ways. Using the COSF does not require that programs collect more data about children's progress; it is a mechanism that allows them to summarize assessment information for federal reporting as well as for their own purposes, such as for accountability, program planning, and program improvement.

2. What materials related to the COSF are available on the ECO web site?

The following materials are available on the ECO web site:

- **Instructions for Completing the Child Outcomes Summary Form** – This document contains instructions for completing the form along with the definitions of the scale points.
- **Child Outcomes Summary Form** – This form can be used to summarize information from multiple sources on the 3 outcomes. The form includes a cover sheet and 3 pages, one for each outcome.
- **How Data from the COSF Can be Used to Address the OSEP Reporting Requirement** – This document explains how data from the COSF at entry and at exit produces data required by OSEP.
- **COSF to OSEP Categories Tutor** – An excel sheet that demonstrates how various combinations of outcome ratings at entry and exit are converted into one of the 5 OSEP reporting categories.

APPENDIX P— COSF Overview

- ***Child Outcome Summary Form Training Materials*** – The materials included are a sample training agenda, a power point presentation which can be used or adapted for state training sessions, and decision trees which may be used as part of the training session to guide trainees in the determination of a rating on the 7-point scale. States have also provided materials that they have adapted or created for use to meet training needs in their specific locations. These materials have not been reviewed or critiqued by the ECO center, but any materials that we have been provided are posted on our website for convenience.

3. What is the basis for the scale on the COSF?

The scale on the COSF is based on several assumptions:

- a. The overall goal of programs and services for children is active and successful participation now and in the future across a variety of settings. Achieving each of the three outcomes is key to the overall goal.
- b. For many, but certainly not all young children with disabilities, receipt of high quality services will allow them to move closer to age-appropriate functioning than they would have been able to without those services.
- c. Documenting children's movement toward age-appropriate functioning is one type of evidence that can be used to make a case for the effectiveness of early intervention and early childhood special education.

Building off of these assumptions, the highest end of the scale represents age-expected or age-appropriate functioning with each lower point being a degree of distance from age expectations. Additional information about the scale points is included in the document *"Instructions for Completing the Child Outcome Summary Form."*

4. Who completes the COSF?

States need to decide who completes the COSF. The ECO Center recommends that the ratings be determined by a team including family members, professionals who work with the child, and others familiar with the child's functioning. Teams in states already using the COSF generally range from 2 -7 people. The ECO Center strongly recommends that the ratings not be determined by individuals who do not know the child, for example, by assigning a rating based only on information available in the child's records, or for the rating scale to be provided without any guidance or instructions.

5. How often is the COSF to be completed?

To provide data for the OSEP reporting requirements, the COSF must be completed at a minimum once at program entry and again at program exit with at least 6 months in between. States that want outcome data for their own purposes should consider completing the form more often, for example, annually or every 6 months.

6. When is the COSF to be completed?

The COSF is to be completed in present time to reflect the child's current functioning. Some states are completing the form at IFSP or IEP meetings and regularly scheduled reviews when a team is assembled but it does not have to be done as part of one of

APPENDIX P— COSF Overview

these meetings. We recommend against trying to assign ratings for past time periods, for example, trying in December to assign a rating for what the child was like in August.

7. Are training materials available?

The ECO Center, as well as several states, have developed training and guidance materials for use of the COSF. Materials are available on the ECO website (www.the-eco-center.org). These include a sample training agenda, a power point presentation, and decision trees for use with the COSF's 7-point rating scale. We plan to expand the training materials available possibly with videos or online interactive training modules. We would also welcome suggestions and/or information about training approaches that are being planned or are currently being implemented in states.

8. How much training is required to use the COSF?

Field testing has shown that training is essential to effective and reliable use of the COSF. Sample training materials available on the ECO website outline a day-and-a-half training activity that includes general background information on child outcomes measurement, information to promote understanding of the three outcome areas, and references to recommended assessment practices. In addition, field testing has shown that training must include opportunities to “practice” the ratings through case examples. Walking through several cases in a large group discussion and smaller team breakout formats help to clarify differences between the points on the rating scale, as participants review multiple sources of assessment information about a child, compare that information to age expectations, and then determine a rating. We also strongly recommend that states develop opportunities for periodic feedback sessions with providers, after they have begun to use the summary form. These sessions will allow individuals to share effective strategies that work with specific local populations as well as to ask questions and share information in an effort to enhance the consistency of approaches used.

9. Is information available on the validity and reliability of the COSF ratings?

The ECO Center is currently collecting information to examine the validity and reliability of the COSF ratings. Ideally, this information would have been available before the tool was released but the OSEP reporting timeline did not allow for this. Preliminary results from pilot data collected to date is promising, leading us to feel confident that under proper conditions (e.g., sufficient training, adequate opportunities to have questions addressed, adequate monitoring of the process), the COSF will produce valid and reliable information but the data are not yet available.

10. Why is the COSF copyrighted?

States and programs are encouraged to use and reproduce the form. There is no charge to use any materials produced by the ECO Center. We are copyrighting materials to prevent anyone from charging for them in the future.

11. Why should we contact ECO if we want to use or adapt the COSF?

ECO would like to keep track of which states are using the form to learn more about how the process is working. We would appreciate a state contacting us so we have an

APPENDIX P— COSF Overview

accurate list. At that time we will also be happy to discuss advantages and disadvantages of potential adaptations to the COSF that states are considering.

12. Can a state make changes to the COSF?

States can change the form to meet their needs but we encourage them to think through the consequences of those changes. Some adaptations, such as formatting changes, are minor and not likely to impact the type of data that will result. Other adaptations (for example, using a 5-point instead of a 7-point scale) are major and could interfere with easy translation from the rating scale to the OSEP reporting categories. Using a very different scale also will mean that the lessons being learned from piloting the ECO version of the form will not apply. We plan to collect considerable data about the use and properties of the summary process and it will be difficult to say how much of that research will apply if a state has made major changes in the COSF or process. We encourage states to contact us to discuss what they would like to change so we can keep track of which states are using the ECO form and which are using their own adaptation.

13. What if I have a question about the COSF or the related materials? Can states and others comment on the COSF and related materials?

Yes. Questions and comments are encouraged. Send them to staff@the-eco-center.org.

APPENDIX P— COSF Form Instructions

Instructions for Completing the Child Outcomes Summary Form

Directions for Completing the Form

1. Page 1: Provide all the requested information. It is strongly recommended that the family be asked to provide information about the child's functioning, but if the family's information was not included, check "not included." Additional state-specific information also may be requested.
2. Questions 1a, 2a, 3a: Circle only **one** number for each outcome. Definitions for the scale points are provided at the end of the instructions.
3. Supporting evidence: Provide the evidence that supports the rating. Indicate the source of the evidence (e.g., parent, speech therapist, teacher, XYZ assessment) and the nature of the evidence from the source. For example, if a child's functioning receives a rating of '5', relevant results should provide evidence of a mix of age appropriate and not age appropriate skills and behaviors. A sample completed evidence table is provided below.

Source of information	Date	Summary of Relevant Results
Candace's mom	4/12/06	Mom reports that when Candace eats by herself she makes a big mess. She eats finger foods but does not use a fork or spoon. She uses a "sippy" cup with two hands. Mom reports that she has not begun to toilet train Candace. Candace does not let mom know when she has a wet or soiled diaper. She pulls off her socks when getting ready for bed.
Candace's child care provider	4/5/06	Child care provider said that Candace is learning to use a spoon, but usually uses her fingers to feed herself. Candace uses diapers and tugs on diaper after it is wet or soiled.
Carolina Curriculum for Infants and Toddlers with Special Needs	Administered 3/13/06	Self-Help: Eating – 12-15 months Self-Help: Dressing – 15-18 months Self-Help: Grooming – 18-21 months Self-Help: Toileting -- <15-18 months
Developmental specialist	Observed over a 4 week period in March 2006	Observed in her child care environment during structured activities and unstructured play time. She clapped and jumped during a group song. During free play Candace tended to sit quietly unless engaged in a play activity by her caregiver. Candace did not object to having hands washed by caregiver, but needed assistance.

4. Questions 1b, 2b, 3b: Complete questions 1b, 2b, and 3b only when questions 1a, 2a, and 3a have been answered previously. Circle one number to indicate if the child has made progress since the previous outcomes rating. Progress is defined as the acquisition of at least one new skill or behavior related to the outcome. Describe the general nature of the progress in the space provided.

APPENDIX P— COSF Form Instructions**To Help You Decide on the Summary Rating for Questions 1a, 2a, and 3a:**

This outcomes summary asks you to consider and report on what is known about how this child behaves across a variety of settings and situations.* Children are with different people (for example, mother, big brother, child care provider) and in different settings (for example, home, grocery store, playground). The summary rating provides an overall picture of how the child behaves across the variety of people and settings in his or her life at this particular time in his or her life.

In addition to summarizing across settings and situations, the rating process asks you to compare a child's skills and behaviors to those of his or her same-age peers. For each of the three summary questions, you need to decide the **extent to which the child displays behaviors and skills expected for his or her age** related to each outcome area.

The summary scale is based on a developmental framework that assumes:

1. Children develop new skills and behaviors and integrate those skills and behaviors into more complex behaviors as they get older;
2. These skills and behaviors emerge in a somewhat predictable developmental sequence in most children, thus allowing for descriptions of what 2 year olds generally do, what 3 year olds generally do, etc.;
3. The development of children with disabilities can be compared to the development of their same-age peers.
4. Some of the skills and behaviors that develop early serve as the foundation for later skills and behavior, or expressed another way, later skills build on earlier skills in predictable ways. Teachers and therapists can use the earlier skills to help children move to the next higher level of functioning developmentally. We refer to these earlier skills that serve as the base and are conceptually linked to the later skills, as **"immediate foundational skills."** For example, children play along side one another before they interact in play.
5. Some children's development is characterized by delays, meaning they acquire skills and behaviors at a substantially slower pace than other children.
6. Some children's development is atypical in that their functioning is so different from that of other children their age that it is considered outside the limits of age expected behavior for children of that age.

Use the following information to help you answer each question:

- Ratings are expected to take into account the child's functioning across a full range of situations and settings. Therefore, information from many individuals in contact with the child could be considered in deciding on a rating. These may include (but are not limited to): parents and family members, caregivers or child care providers, therapists, service providers, case managers, teachers, and physicians. If there is not enough information available about a child's functioning across settings and situations, you will need to gather more information before you can decide on a rating.
- Many types of information could be considered in selecting a rating. These may include (but are not limited to): parent and clinical observation, curriculum-based

* Note: The outcomes summary form was not designed to determine eligibility for services. It would be inappropriate to use it in this way.

APPENDIX P— COSF Form Instructions

assessments, norm-referenced assessments, service provider notes about performance in different situations, and progress and issues identified in the IFSP/IEP or individualized planning process.

- Depending on the assessment tool, assessment tools can be a useful source of information for reaching a summary decision but resulting information should be placed in context with other information available about a child. Many assessment tools are domain-based and were not designed to provide information about functional behaviors and functioning across a variety of situations. Knowing that a child has or has not mastered assessment items that are related to the outcome provides helpful information but the information should be used in conjunction with what else is known about the child. A high score on a set of items in a domain related to the outcome might not mean the child has achieved the outcome and, conversely, a low score might not mean the child has not achieved it.
- Ratings should reflect the child's current functioning across settings and in situations that make up his/her day. Ratings should convey the child's functioning across multiple settings and in everyday situations, *not* his/her capacity to function under unusual or ideal circumstances.
- A standardized testing situation is an unusual setting for a young child. If the child's functioning in a testing situation differs from the child's everyday functioning, the rating should reflect the child's everyday functioning.
- If the child is from a culture that has expectations that differ from published developmental milestones for when young children accomplish common developmental tasks, such as feeding themselves or dressing themselves, use the expectations for the child's culture to decide if child's functioning is at the level expected for his or her age.
- If the child was born prematurely, use the expectations for the child's chronological age, not the corrected age. The intent of the form is to describe the child's current functioning relevant to expectations for his or her age. Presumably over time and with support, many children born prematurely eventually will perform like same age peers.
- If assistive technology or special accommodations are available in the child's everyday environments, then the rating should describe the child's functioning using those adaptations. However, if technology is only available in some environments or is not available for the child, rate the child's functioning with whatever assistance is commonly present. Ratings are to reflect the child's **actual** functioning across a range of settings, *not* his/her capacity to function under ideal circumstances if he or she had the technology.

Additional Information

The outcomes reflect several beliefs about young children:

- It is important that all children be successful participants in a variety of settings both now and in the future. Achieving the three outcomes is key to being successful participants in life.

APPENDIX P— COSF Form Instructions

- Programs for young children and their families are working to ensure that all children will have the best possible chance of succeeding in kindergarten and later in school – even though school might be several years off for some children. Children who have achieved the outcomes at a level comparable to their same aged peers prior to kindergarten entry have a high probability of being successful in kindergarten.
- Learning and development occur continuously in the years preceding kindergarten. There is much variation in how children develop but children whose development is consistently below what is expected for their age are at risk of not being successful in kindergarten and later school years.

APPENDIX P— COSF Form Definitions

Definitions for Outcome Ratings

Overall Age Appropriate	Completely <i>means:</i>	7	<ul style="list-style-type: none"> Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life. Functioning is considered appropriate for his or her age. No one has any concerns about the child's functioning in this outcome area.
		6	<ul style="list-style-type: none"> Child's functioning generally is considered appropriate for his or her age but there are some significant concerns about the child's functioning in this outcome area. These concerns may be substantial enough to suggest monitoring or possible additional support. Although age-appropriate, the child's functioning may border on not keeping pace with age expectations.
Overall Not Age Appropriate	Somewhat <i>means:</i>	5	<ul style="list-style-type: none"> Child shows functioning expected for his or her age some of the time and/or in some situations. Child's functioning is a mix of age appropriate and not age appropriate behaviors and skills. Child's functioning might be described as like that of a slightly younger child*.
		4	<ul style="list-style-type: none"> Child shows some but not much age-appropriate functioning.
	Emerging <i>means:</i>	3	<ul style="list-style-type: none"> Child does not yet show functioning expected of a child of his or her age in any situation. Child's behaviors and skills include immediate foundational skills upon which to build age appropriate functioning. Child shows these immediate foundational skills most or all of the time across settings and situations. Functioning might be described as like that of a younger child*.
		2	<ul style="list-style-type: none"> Child's behaviors and skills include some immediate foundational skills but these are not displayed very often across settings and situations.
	Not yet <i>means:</i>	1	<ul style="list-style-type: none"> Child does not yet show functioning expected of a child his or her age in any situation. Child's skills and behaviors also do not yet include any immediate foundational skills upon which to build age appropriate functioning. Child's functioning might be described as like that of a much younger child*.

* The characterization of functioning like a younger child only will apply to some children receiving special services, such as children with developmental delays.

APPENDIX P— COSF Form Example

CHILD OUTCOMES SUMMARY FORM

Date: 1 / 22 / 2007
Mon Day YrIFSP date: 2/2/07

Child Information

EXIT date: _____

Name: JasonDate of birth: 6 / 1 / 05
Mon Day Yr.☒ Entry COSF ☐ Exit COSFTRAC ID: 17524Region NEIS-South

Persons involved in deciding the summary ratings:

Name	Role
Betty Goode, PDC II	Service Coordinator
Mary Doe, SLP	Speech Language Therapist
Candice Lee, FS	Family Specialist

Family information on child functioning (Check all that apply):

- ☒ Received in team meeting
☐ Collected separately
☒ Incorporated into assessment(s)
☐ Not included (**must include justification**)

DX: Down Syndrome

Outcome Rating

Has the Child Made Progress? (For Exit Only)

1. 4

☐

Yes

☐

No

2. 3

☐

Yes

☐

No

3. 3

☐

Yes

☐

No

Exit Only: Date COSF Information Sent to Local School: _____

APPENDIX P— COSF Form Example**1. POSITIVE SOCIO-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)**

To what extent does this child show behaviors and skills related to this outcome appropriate for his or her age across a variety of settings and situations? *(Check one rating box)*

To select an answer, think about the child's functioning in these and closely related areas:

- Reacts and responds to others
- Demonstrates self-regulation (the ability to calm themselves when distressed)
- Demonstrates strong attachment to primary caregivers or trusting relationships with nurturing adults
- Engages in reciprocal social play
- Expresses a range of emotions and feelings
- Initiates interactions with others through eye contact, vocalizations, body movement, facial expressions, or use of assistive technology
- Recognizes and reacts to others' emotions and feelings
- Asserts independence, beginning sense of self
- Has interest in and initiates interactions with peers, is beginning to reflect behaviors of familiar adults
- Is beginning to imitate behaviors of others
- Is beginning to learn social and cultural expectations (e.g. saying "please," sharing, taking turns, looking for approval/disapproval from adults)

Across all or almost all skills and situations		Some skills across some situations		Few skills across few situations		No expected skills in any situation
7	6	5	4	3	2	1

Supporting evidence for answer to Question 1

Source of information	Date	Summary of Relevant Results
Jason's Mother (Carolyn)	11/09/06	Parents report that Jason enjoys playing with his sister and peer, but he does not like to share and at times does not play appropriately. Carolyn
PDC Observation	11/09/06	Jason engaged with the PDC. He made eye contact with the PDC and initiated play by bringing toys to the PDC. He also imitated play with the toys. He did display some inability to attend to tasks, impulsivity, and repeatedly climbed on objects after being directed by his mother to stop.
SLP Observation	11/09/06	Jason went to his care giver for comfort when he fell and was hurt. He has beginning turn-taking skills and offered a toy to SLP for play. He had good eye contact with SLP and initiated several interactions.
IDA results	11/09/06	Relationship to people: 22months; Emotions and Feelings: 22 months. Jason enjoys helping his parents, relates selectively to his caregivers, and has emerging cooperative play skills. He displays a wide range of emotions that are appropriate for the event.

1b. (If Question 1a has been answered previously): Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcomes summary? *(Circle one number)*

Yes	1 → Describe progress:
No	2

APPENDIX P — COSF Form Example**2. ACQUIRING AND USING KNOWLEDGE AND SKILLS**

To what extent does this child show behaviors and skills related to this outcome appropriate for his or her age across a variety of settings and situations? *(Check one rating box.)*

To select an answer, think about the child's functioning in these and closely related areas:

- Responds appropriately to situations or stimulus
- Attends to what is happening in the environment
- Explores environment
- Searches for objects out of sight
- Uses communication to express thoughts and ideas
- Spontaneously applies learned behaviors
- Explores new ways to do things
- Demonstrates memory
- Makes things happen in a variety of ways
- Is beginning to understand consequences
- Demonstrates developmental appropriate understanding of concepts, e.g. shapes, colors, size

Across all or almost all skills and situations		Some skills across some situations		Few skills across few situations		No expected skills in any situation
7	6	5	4	3	2	1

Supporting evidence for answer to Question 2

Source of information	Date	Summary of Relevant Results
Parent Report	11/09/06	Carolyn stated that Jason is very active and can be hyperactive and has difficulty attending. He climbs constantly on the furniture and falls often.
PDC Observation	11/09/06	Jason explored all the new toys in the room and attempted to figure them out. He did display significant mouthing of toys which was higher than would be expected for his age. After falling several times from climbing on chair he continued the same activity and did not appear to be affected by the nature consequences.
SLP Observation	11/09/06	Jason explored his environment by finding new toys and attempting to figure out how they worked. After demonstrated the first time, Jason was able to activate the same toy independently. Jason did not respond to parent requests or consequences from his mother. He appeared to have difficulty with inattention.
IDA Results	11/09/06	Relationship to inanimate objects: 20 months Jason has beginning imaginative play, but is not yet using objects to represent other objects. He was able to solve simple puzzles and displayed object permanence by being able to find a hidden toy.

2b. (If Question 1a has been answered previously): Has the child shown any new skills or behaviors related to acquiring and using knowledge skills since the last outcomes summary? *(Circle one number)*

Yes	1 → Describe progress:
No	2

APPENDIX P — COSF Form Example

3. TAKING APPROPRIATE ACTION TO MEET NEEDS

To what extent does this child show behaviors and skills related to this outcome appropriate for his or her age across a variety of settings and situations? (Check one rating box.)

To select an answer, think about the child's functioning in these and closely related areas:

- Expresses a variety of emotions and feelings, e.g. interest, excitement
- Demonstrates the ability to self comfort, including entertaining self for short periods of time
- Signals for caregiver's assistance
- Controls own body to obtain desired results and objects
- Uses physical movements, gestures, simple sounds or words, to express wants and needs
- Uses objects as tools to make things happen
- Feeds self using bottle, finger food, cup, spoon or fork
- Has independent mobility
- Assists with dressing and undressing and beginning to put on own clothes

Across all or almost all skills and situations		Some skills across some situations		Few skills across few situations		No expected skills in any situation
7	6	5	4	3	2	1

Supporting evidence for answer to Question 3

Source of	Date	Summary of Relevant Results
Parent Report	11/09/06	Parent reports that Jason has difficulty feeding himself using utensils, but can efficiently feed himself using his fingers. He uses gestures to get his family's attention to what he wants, but becomes frustrated and cries when his family can not understand what he wants. He is using simple one words to get his needs met.
PDC Observation	11/09/06	Jason was able to play independently, but for a shorter amount of time than what is appropriate for his age. He used some behaviors for attention seeking and became upset when an adult did not respond immediately. He pointed to things he wanted, but is not always able to communicate what he wants effectively.
SLP Observation	11/09/06	Jason uses mostly gestures to communicate to his mother what he needs. The words that he does have are not used to get his wants and needs met. He is not yet able to efficiently feed himself.
IDA Results	11/09/06	Self-Help: 19months. Jason handles a cup well and helps with dressing. He is not yet feeding himself well with a spoon. He tries to do things independently and figure out things independently.

3b. (If Question 1a has been answered previously): Has the child shown any new skills or behaviors related to taking

Yes	1 → Describe progress:
No	2

APPENDIX Q — Early Childhood Outcome Reporting Guidelines for Parents

STATE OF NEVADA, HEALTH DIVISION

June 2007

Service Coordination Effective Practice Guidelines

Results Matter — How Do We Know Early Intervention Helps?

Outcome information is required by the IDEA law (Individuals with Disabilities Education Act of 2004). This information is needed to make improvements in statewide services and to justify money spent on early intervention.

The U.S. Department of Education requires each state to report information about whether early intervention programs have positive results for children served. This is part of the national push for accountability—the government simply needs to show that money spent on early intervention makes a difference. This is a “report card” for the program itself.

Information with your name or your child's name will never be attached to federal reports.

These areas are very broad and are designed to examine the variety of skills and abilities your child uses throughout the day. The evaluation process will look at your child's functioning in each area at the beginning of his or her time in the early intervention program and then again at the end. The results should demonstrate the progress made by your child between entering and leaving the program. Such results are called outcomes.



“Not everything that can be measured counts, and not everything that counts can be measured.”

—Albert Einstein

Why Should We Measure Outcomes?

- It tells us how early intervention programs make a difference for the children and families.
- It supplies information that can be used to improve early intervention supports and services.
- It provides data to demonstrate results to all stakeholders — to families, decision makers, and to the taxpayers.

What Information About My Child is Required?

Developmental assessment information about every child is needed to determine if progress has been made. The information includes three early childhood outcomes:

- Social relationships
- Acquisition and use of knowledge and skills including early communication skills
- Taking appropriate actions to meet his or her needs

Is Other Information Collected About Early Intervention Services?

Yes. At some point during each year, families who have received services for six months will receive a survey. The survey will ask about how helpful early intervention services have been in supporting your family.

Where Can I Get Additional Information?

- Talk to your Service Coordinator.
- Contact your early intervention program.
- Visit the Bureau of Early Intervention Services website at www.health.nv.gov

This publication was produced with funds provided through Part C, Individuals with Disabilities Education Act, Grant #H181A060019

APPENDIX R— IFSP Agreement

Child Name: Jane Doe Date of Birth: 2/1/06IFSP Date: 6/2/06

IFSP Agreement

Parental Consent for Provision of Early Intervention Services

I have received a copy of my parent rights under Part C of IDEA. These rights have been explained to me and I understand them. I participated in the development of this IFSP and I give informed consent for Nevada Early Intervention Services to carry out the services and supports listed on this IFSP.

Consent means: that I have been fully informed of all activity(s) for which consent is sought, in my native language (unless clearly not feasible to do so) or other mode of communication; that I understand and agree in writing to the carrying out of the activity(s) for which consent is sought; the consent describes that activity(s); and the granting of my consent is voluntary and may be revoked in writing at any time.

I understand that I may decline a service or services without jeopardizing any other early intervention service(s) my child or family receives through Nevada Early Intervention Services.

I understand that my IFSP will be shared among Nevada Early Intervention service providers implementing this IFSP.

- ☐ I am in agreement with all components of this IFSP.

(parent signature/date)

- ☐ I agree with this IFSP, with the exception of the following services, which I understand will not be implemented without my consent:

Nutrition _____

John Doe
(parent signature/date)

- ☐ I do **not** agree with the entire IFSP. I am fully aware of the nature of services being offered and that my child and/or ward will not be able to receive services from Nevada Early Intervention Services unless I give my consent. My rights have been explained to me and I am aware of my procedural safeguards.

(parent signature/date)

APPENDIX S— Coding TRAC Exceptions**TRAC TECHNICAL ASSISTANCE
TRAC NOTES CODING IF CANNOT MEET TIMELINES DUE TO FAMILY
CIRCUMSTANCES OR PROGRAM REASONS**

There are three areas where data is being collected for the Annual Performance Report to OSEP due in February of each year.

1. 45-day timeline from referral to the development of the IFSP.
2. Services as soon as possible after development of the IFSP, but no later than 30 days.
3. Transition plans developed and transition meetings take place 90 days prior to the child's 3rd birthday.

In each of these circumstances it is allowable to document if these timelines could not be met due to family circumstances, which then does not count as noncompliance against the program. The following are considered acceptable justifications for not meeting the timeline:

- Family no shows for appointments
- Family does not return phone calls, or respond to a letter or PWN
- Child illness or hospitalizations
- Family has to go out of town
- Natural Disasters

The following are not acceptable justifications for not meeting the required timelines:

- Staff scheduling difficulties
- Failure to schedule in a timely manner so miss the deadline
- Family having transportation problems so cannot come in for appointments
- Attempting to contact the family 1-2 times with no written follow-up
- Staff cancelling visits due to illness, etc.

The following are directions for coding exceptional circumstances in TRAC for 1-3 identified above. If for any reason the timeline exceeded the requirement, there must be a note in TRAC documenting the reason why.

IFSP EXCEEDS THE 45-DAY TIMELINE

If the IFSP exceeds the 45-day timeline it must be determined whether it was due to family circumstances or for program reasons. In either case it must be documented in a TRAC note.

In the subject line of the note use one of the following codes:

1-- If the 45-day timeline could not be met due to family circumstances. There must be clear documentation of the attempts to contact the family, the cancellations, etc.

2 – If the 45-day timeline could not be met due to program circumstances, document within the TRAC note the reasons the timeline could not be met. *(Note this will be reported as noncompliance in the Annual Performance Report and will be reported as such in your regions Public Report Card)*

SERVICES ON THE IFSP, REGARDLESS OF WHEN THEY ARE ADDED, ARE IMPLEMENTED NO LATER THAN 30 DAYS AFTER THE SERVICE IS ADDED TO THE IFSP.

APPENDIX S— Coding TRAC Exceptions

If any service that is identified on the IFSP cannot be implemented within 30 days of the development of the IFSP, then there must be a TRAC coding to note the exception.

In the subject line of the note use one of the following codes:

3 – If the 30 day timeline could not be met due to family circumstances. There must be clear documentation of the attempts to schedule the service within the required 30 days. (Reminder: services should be implemented ASAP, but no later than 30 days)

4 – If the 30 day timeline could not be met because of program reasons, e.g. waiting list for therapy services, vacant therapy position, professional cancels appointments, etc., document the reason why.

(Note this will be reported as noncompliance in the Annual Performance Report and will be reported as such in your regions Public Report Card)

TRANSITION PLAN FOR ALL CHILDREN EXITING EARLY INTERVENTION SERVICES DEVELOPED WITHIN 90 DAYS OF 3RD BIRTHDAY, AND FOR CHILDREN EXITING TO PART B, PRESCHOOL SERVICES A TRANSITION MEETING 90 DAYS PRIOR TO 3RD BIRTHDAY.

If the Transition Plan cannot be developed 90 days prior to the child's 3rd birthday, there must be a TRAC note coding the exception.

If the Transition Meeting to the school district cannot take place 90 days prior to the child's 3rd birthday, there must be a TRAC note coding the exception.

In the subject line of the note use one of the following codes:

5 – If the 90 day timeline could not be met due to family circumstances, there must be clear documentation of the attempts to schedule the IFSP meeting for transition and the Transition meeting with the school district. Transition plans may be developed as early as 2 years 3 months and no later than 2 years 9 months. Documentation must clearly show that it was not possible to meet this six month timeframe.

6 – If the 90 day timeline was not met due to program reasons document the reason for failing to meet the required timeline. (Note this will be reported as noncompliance in the Annual Performance Report and will be reported as such in your regions Public Report Card)

APPROPRIATE TRAC CODING, FOR ANY EXCEPTIONS, IS CRITICAL TO ENSURE THAT YOUR PROGRAM IS NOT PENALIZED FOR CIRCUMSTANCES THAT ARE BEYOND THE PROGRAM'S CONTROL!

APPENDIX T— Declining Services Form**Declining Early Intervention Services**Nevada
Early
Intervention
Services**Declining Participation in Nevada Early Intervention Services**

_____ I understand that my child may receive an evaluation to determine eligibility for early intervention services.

and/or

_____ I understand that an Individualized Family Service Plan (IFSP) can be developed for my child/family if my child is eligible for Part C.

and/or

_____ My child is eligible for early intervention services and has a right to obtain the early intervention services outlined in an Individualized Family Service Plan (IFSP). I am fully aware of the nature of services being offered and that my child will not be able to receive services from early intervention unless I give my consent.

and/or

_____ I do not choose to have my child or family receive an evaluation/IFSP/services through early intervention at this time. I understand that I may change my mind and, if so, will call early intervention services at _____.

Parent Signature

Date

Service Coordinator Signature

Date

Declining One or More Part C Services Recommended by the IFSP Team

I understand that my child and/or ward is eligible to receive all of the services recommended by the IFSP team at the meeting held on _____ (date). I do not, however, wish for my child to receive the following service(s):

I am fully aware of the nature of the service(s) being offered for my child and that I must give written consent in order to receive this service(s). I do not choose to receive the above listed service(s) from early intervention services at this time. I understand that I may change my mind and, is so, will call my service coordinator at _____. I also understand that declining this service(s) does not jeopardize any other early intervention service(s) my child or family receives through early intervention services.

Parent Signature

Date

Service Coordinator Signature

Date

APPENDIX U— Region to Region Transfer Form**NEIS REGION-TO-REGION TRANSFER FORM**

(Please attach current TRAC form)

Current Region: _____

Service Coordinator _____

Phone: office: _____

CELL: (optional) _____

Child: _____

DOB: _____

TRAC #: _____

Diagnosis: _____

Parent/Guardian name: _____ Phone: _____

Home address: _____ Zip: _____

Current IFSP Date: _____

Current IFSP Services: _____

Anticipated Date of move: _____

New Address (if known):

Home address: _____ Zip: _____

Phone: _____ 2nd contact number (optional): _____

Notes: _____

cm 9/06

Last update: 02/20/07

APPENDIX V— New Region Welcome Letter

JIM GIBBONS
Governor

MICHAEL J. WILLDEN
Director

STATE OF NEVADA



ALEX HAARTZ, MPH
Administrator

State Health Officer

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH DIVISION
BUREAU OF EARLY INTERVENTION SERVICES

**BUREAU
ADMINISTRATION**

☐ 3427 Goni Rd. #108
Carson City, Nevada 89706
(775) 684-3460
(775) 684-3486 - Fax

**NEVADA EARLY
INTERVENTION SERVICES**

Southern Region

☐ Valley View Site
1161 S. Valley View
Las Vegas, Nevada 89102
(702) 486-7670
(702) 486-7686 - Fax

☐ North Site
4528 W. Craig Rd. # 290
Las Vegas, Nevada 89032
(702) 486-5100
(702) 486-5102 - Fax

☐ East Site
3075 E. Flamingo, #108
Las Vegas, Nevada 89121
(702) 486-7500
(702) 486-7522 - Fax

Northern Region

☐ Reno
2667 Enterprise Road
Reno, Nevada 89512
(775) 688-1341
(775) 688-2984 - Fax

☐ Carson City Satellite
3427 Goni Road, #104
Carson City, Nevada 89706
(775) 687-1180

☐ Northwestern Rural
2667 Enterprise Road
Reno, Nevada 89512
(775) 688-1341
(775) 688-2984 - Fax

☐ Northeastern Rural
850 Elm Street
Elko, Nevada 89801
(775) 753-1214
(775) 753-6017 - Fax

**INDIVIDUALS WITH
DISABILITIES EDUCATION
ACT (IDEA)**

☐ Part C Lead Agency
3427 Goni Road, #108
Carson City, Nevada 89706
(775) 684-3460
(775) 684-3486 - Fax

(Date)

Dear Family of _____.

We wanted to take a moment to welcome you to your new home. We hope you enjoy this new part of the great state of Nevada. Your previous service coordinator provided us with information to let us know you will be moving and will now be receiving services with our program.

Because your child has an active IFSP, we wish to maintain continuity of services as much as possible. Your new service coordinator will be _____ and can be reached at _____.

We would like to hear from you as soon as possible so services can be resumed, however, we understand that moving and getting everyone settled and used to the new routines can be challenging. Please contact us as soon as you are ready. If we do not hear from you within 30 days, your service coordinator will attempt to contact you at the address and phone number provided by your previous service coordinator.

We look forward to working with you and your family.

Sincerely,

NEIS Program Manager,

Mary Ellen Stephen
Alan Mandell
Martha Schott Bernius

**State of Nevada, Health Division
Bureau of early Intervention Services**

Nevada Early Intervention Services
3427 Goni Road, Suite 108

Project ASSIST
Toll Free: 1-800-522-0066

Visit us on the web at:
<http://health.nv.gov>